

**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL  
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 February 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 10 2024/2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

Sefyllfa / Situation

This report relates to the Month 10, 2024/25 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. This month's IPAR update consists of this SBAR and an IPAR dashboard. An IPAR overview update will be produced bi-monthly for Committees.

The IPAR consists of two parts:

- A Power BI dashboard which includes data and charts for all performance measures and can be accessed via: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31<sup>st</sup> January 2025](#). Ahead of the Committee meeting, the dashboard will also be made available via our [internet site](#).
- A summary document entitled *Integrated Performance Assurance Report (IPAR) Overview: as at 31<sup>st</sup> January 2025* is also provided (Appendix 1). This document summarises performance, issues and actions for our key improvement measures for 2024/25.

A new performance framework is currently being developed. The new framework will bring together content from the existing Improving Together and Escalation frameworks. It will also reflect the organisational structural changes following the introduction of Clinical Care Groups. The escalation process will be enhanced to give more autonomy to Executive Directors and Clinical Care Groups. However, there will be more stringent processes in place for those areas that are escalated and not making the required improvements. The new Our Improving Together Framework will be submitted to the next Board meeting on 27 March 2025.

A summary of the Statistical Process Control (SPC) chart icons is included below.

<b>Variation</b> How are we doing over time	■	Concerning trend = a decline that is unlikely to have happened by chance
	■	Usual trend = common cause variation / a change that is within our usual limits
	■	Improving trend = an improvement that is unlikely to have happened by chance
<b>Assurance</b>	■	Missing target = will consistently fail target without a service review

Performance against target	<input type="checkbox"/>	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	<input checked="" type="checkbox"/>	Hitting target = will consistently meet target

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: [GenericAccount.PerformanceManagement@wales.nhs.uk](mailto:GenericAccount.PerformanceManagement@wales.nhs.uk).

## Cefndir / Background

In February 2024, Welsh Government published the [2024/25 NHS Wales Performance Framework](#). The framework outlines the Ministerial Priorities for this financial year, alongside key targets.

Welsh Government published the [2025/26 NHS Wales Performance Framework](#) in January 2025. The Performance Team are currently reviewing the new framework and will advise of metric changes in the next IPAR update.

## Asesiad / Assessment

We have adopted the 3As Assessment approach to highlight either an Alert, Advise or Assure status for each of our key performance measures. Please refer to the latest [Integrated Performance Assurance Report \(IPAR\) dashboard](#) for data and charts for all performance measures.

### **Alert (may require discussion)**

There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

**Staff sickness** – 12-month rolling sickness remains high at 6.67% in January 2025, the highest level in over two years. Anxiety, stress and depression continue to account for the highest reasons for absence across the majority of our directorates. The Workforce teams have been assisting Directorates in particular Estates and Facilities and Unscheduled Care to undertake deep dives into the absence data and have supported the implementation of targeted and bespoke action plans with the services for each specific area of concern.

**Staff engagement** – the overall score for staff engagement is showing special cause concerning variation at 71.5%. This is below the mean of 74% since monthly staff surveys began. Special cause concerning variation is also reported for responses to 'I am able to make improvements in my area at work' and 'I am proud to tell people I work for Hywel Dda'. Strategies to help build staff engagement and empower staff to bring improvements across the organisation include staff recognition and appreciation programmes, promoting a positive and supportive work environment, providing professional development, opportunities for growth and leadership programmes such as Leadership Engagement with Awesome People (LEAP) and the Enabling Quality Improvement in Practice (EQIIP) programme.

**Diagnostics waits 8 weeks and over** – Breaches in January 2025 were 8,068 and the trajectory of 619 was not met. Breaches recorded are at the highest levels reported. Performance is showing concerning trend variation with deteriorating performance largely driven by continuing challenges in Radiology:

- Radiology:
  - 7,108 breaches in January 2025. The number of breaches has been increasing since March 2024 and concerning variation is present on the SPC chart. Deterioration in performance driven by increased waits for CT and Non-Obstetric Ultrasound Scan (NOUS). There was a slight reduction in Magnetic Resonance Imaging (MRI) waits. Underlying increases in demand for investigative pathways have also impacted. Available resourced capacity is being prioritised for cancer and inpatient demand.

- Several actions have been agreed to increase capacity in the remainder of the financial year and are forecast to reduce the overall breach volume to 5,077 by the end of March 2025. Locum consultant Radiologist recruited, started 20 January 2025. Trainee Sonographer recruitment, under Annex 21 rules. Recruited a Breast Radiology Specialist, start date 10 January 2025 and CT locum commencement 15 February 2025. MRI staffed mobile unit solution in place 9 January 2025 – 3 April 2025, projected to remove 2,184 patients from the waiting list. Non-obstetric ultrasound capacity (NOUS) insourcing solution commenced 1 February 2025. Service fragilities, waiting list trajectories and longer-term staffing needs are detailed in next year's Radiology annual plan.
- Endoscopy: 216 breaches in January 2025. Improving variation is showing on the SPC chart. Short term sickness and gaps in the establishment caused theatre nursing staff challenges. An additional five sessions per week are being run to uplift core capacity and seven designated sessions to reduce backlog. A productivity dashboard has been developed and is being utilised to identify ongoing opportunities to improve utilisation of capacity. Endoscopy and Cardiology recovery plans in place and expected to achieve zero 8-week breach performance by March 2025.
- Cardiology: 586 breaches in January 2025. Improving variation is showing on the SPC chart. Planned insourcing is addressing the Echocardiogram gaps up to March 2025 and improving the position. Ambulatory monitoring breach position is recovering with-in house management of demand/capacity following bank holidays and annual leave increases in December 2024. Transoesophageal echocardiogram (TOE) and dobutamine stress echo (DSE) breach positions are also recovering. Exercise tolerance testing (ETT) breach position increased due to a temporary equipment failure at Prince Philip Hospital PPH, which has since been repaired.

### **Child neurodevelopmental waits**

- In December 2024, the overarching metric is showing common cause variation, with 19.3% having a neurodevelopmental assessment within 26 weeks, missing trajectory of 28%. Autism Spectrum Disorder (ASD) was 13%, and Attention Deficit Hyperactivity Disorder (ADHD) was 49.5%.
- The 26-week target for ADHD assessments is showing improving variation. ASD performance has been consistently below 20% since September 2022 and continues to show concerning variation, with demand far outstripping our capacity to see ASD patients. Our procurement exercise to address waiting lists by outsourcing ASD assessments will have seen 445 diagnostic assessments for children and young people by March 2025. Additional monies awarded by Welsh Government of £312,000 has secured 182 additional assessments. A further 100 assessments are to be outsourced using Neurodivergence Improvement Programme and Regional Integration Fund slippage funds until March 2025. Clinical posts to support ASD assessments have now been recruited into and we have implemented a skill mix into teams to attract more interest in specialist roles and to promote a 'grow your own' culture.

### **Ophthalmology**

In December 2024, 925 out of 1,513 (61.1%) high-risk (R1) patients attended appointments within their clinically assigned target date\* or within 25% beyond that date and performance shows concerning variation (Target = 95%). Whilst this represents a slight decline in performance in the last two months, actions being progressed to support performance improvement include a shared approach between hospital and community-based Optometrist eye care teams, improvements to the glaucoma pathway, recruitment and training. Furthermore, increases to intravitreal injection (IVT) pathway capacity are underway and expected to positively impact overall R1 performance.

\*Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date.

### **Ambulance handovers**

- Whilst the number of handovers taking longer than 1 hour in January 2025 (1,117) showed marginal improvement versus the reported December 2024 position, overall performance continues to show concerning variation and did not meet the trajectory of 1089. All acute sites except Wwithyush Hospital (WGH) are showing concerning variation for January 2025. WGH met their ambition of 301 and 273 patients waited over an hour.

- Handovers taking more than four hours (366), performance is showing expected (common cause) variation overall. Whilst both Bronglais Hospital (BGH) and WGH showed a marked decrease in breach numbers during January 2025 PPH reported a significant increase.
- Risk mitigation actions: Red and Amber 1 ambulance release plans, Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance incident call stack, for admission avoidance.

#### **Ambulance red calls responses < 8 mins**

- 50.3% in January 2025, target is 65%. Performance is showing expected (common cause) variation however performance has been deteriorating since September 2024.
- Mitigation of risks via weekly reviews of Welsh Ambulance Service NHS Trust (WAST) resource escalation action plan; Dynamic review of demand and area specific pressures; Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance.

#### **4-hour and 12-hour A&E/MIU patient delays**

- No significant change in January 2025 for overarching Health Board performance position. Concerning performance trends continue for patients spending less than four hours in Accident and Emergency (A&E)/ Mibor Injuries Unit (MIU) (66.4%) or those spending longer than 12 hours (1,525).
- Prince Philip Hospital (PPH) met the 4-hour target (95%) for past three months and is showing improving variation and met trajectory for the seventh successive month for 12-hour patient delays, with zero reported in January 2025.
- The Targeted Intervention (TI) de-escalation criteria to reduce the percentage of patients waiting over 12 hours to no more than 7% has been met, however this needs to be maintained for de-escalation to be considered.
- Risk mitigation actions: Same Day Emergency Care (SDEC) units continue to support and be developed; Boarding protocol in place and the wards will take patients from the Emergency department (ED) prior to the discharge patient leaving the ward; Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continue to run which facilitates early discharges and follow up review. PPH are currently piloting SDEC weekend support to further reduce admissions. GGH trialled Medical SDEC service during perfect week (week commencing 21 January 2025) within the current staffing model. Overnight closure of MIU at PPH has reduced the number of high acuity patients self-presenting. Any high acuity cases are triaged and if admission required, are handed over to the Acute Medical Assessment Unit (AMAU). Progress against the recommendations following all Wales Getting It Right First Time (GIRFT) is being monitored and learning is being reviewed during the 12-week plan at GGH and WGH.

#### **Therapies waits 14 weeks and ove**

Breaches reduced to 1,995 in January 2025, however, all services except occupational therapy and speech and language therapy show concerning variation. Services with the highest number of breaches are detailed below:

- Physiotherapy: 1,040 breaches, over half of the therapies total. Demand is greater than capacity and recruitment challenges within Musculoskeletal (MSK). A targeted workforce campaign has been initiated alongside development of a bank system for Bands 5 and 6 registrants.
- Podiatry: 523 breaches. Impacted by recruitment issues and chronic vascular / diabetic foot pathology demand. Actions to address include staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and telephone triage.
- Occupational therapy: 321 breaches. Majority of breaches in paediatrics due to backlog and demand, with a focus on prioritising caseloads and recruitment to address capacity shortfalls.

The directorate is currently off trajectory but undertaking demand and capacity modelling in order to achieve or revise trajectories. Short term measures have been put in place including appointment of

agency staff, recruitment to newly qualified graduates across disciplines and increased scrutiny of waiting time performance. These are expected to reduce breach volumes by approximately 25% by the end of March 2025.

### **Audiology waits 14 weeks and over**

1,636 breaches in January 2025 (concerning variation). Issues include a large backlog coupled with workforce deficits, significant long-term sickness and a revised rota in Ear, Nose & Throat (ENT) from November 2024. The fragile status of the audiology service is under review. Actions underway include clinic template reviews and potential use of Patient Initiated Follow Ups (PIFU) to replace some virtual follow up appointments to release capacity (pending approval of Quality Impact Assessment panel). Work is underway to investigate filling a recent clinical vacancy previously being backfilled by existing staff.

### **Advise (to monitor)**

There are areas of concern where assurance has been taken on actions in place but require close monitoring. An early warning of an emerging and potentially serious concern.

### **Pathway of Care Delays (PoCD)**

- Performance is showing improving variation. Census count delays decreased during January 2025 to 200, and the total number of days delayed for our non-mental health patients decreased to 7,797 days from 7,983 days previously. Assessment delays remain the largest proportion of delays.
- Formal arrangements between senior Health Board and Local Authority partners within the region are being reviewed. Oversight of PoCD established within the Six Goals for Urgent and Emergency Care workstream 3. A standardised regional process is required for monitoring and escalation of patients who have a length of stay of over seven days to prevent them becoming delayed by our system.

### **Cancer**

In December 2024, 59.3% of patients (131 out of 221) started treatment within 62 days from referral, exceeding the trajectory of 58%. The number of patients with a positive cancer diagnosis for whom the 62 day target was not met in December 2024 (97 patients) was the lowest reported monthly breach volume since October 2021. Although there has been a 3-month improvement trend for the single cancer pathway performance, in January 2025 there were 468 patients waiting over 62 days to start treatment against the trajectory of 346. In the last 12 months the number of patients waiting over 62 days to start treatment varied between 387 (February 2024) and 543 (September 2024), the highest number of waits continues to be for Urology. For actions being taken, please see the Overview.

### **Planned Care**

Improving variation is showing for the following metrics:

- New outpatient waits over 52 weeks: Breaches reduced for the seventh consecutive month to 1,432, which equates to a 71% reduction since June 2024 and the lowest recorded in over four years. Delivery plan forecasts no patients waiting over 52 weeks for an outpatient appointment by March 2025. Good progress is being made towards the TI de-escalation criteria of 100% of patients waiting less than 52 weeks for an outpatient appointment, which at 97.3% in January 2025 is the best performance recorded since measurement began in April 2023.
- Referral to treatment (RTT) waits over 104 weeks: Breaches have reduced for three consecutive months to 1,349 in January 2025, the lowest recorded in over three years. Whilst delivery plans across all specialties are in place to support treatment of all patients waiting 104 weeks by March 2025, a residual delivery risk of circa 50 patients remains in orthopaedics despite additional internal, in-source and outsource solutions being secured. Good progress is being made towards the TI de-escalation criteria of 100% of patients waiting less than 104 weeks for RTT, which at 98.6% in January 2025 is the best performance recorded since measurement began in April 2023.

- RTT waits over 52 weeks: Breaches reduced to 13,439 in January 2025, the lowest since July 2023. The TI de-escalation criteria of 80% of patients waiting less than 52 weeks for RTT continues to be met (85.9% in January 2025).
- Follow ups delayed over 100% of their target date: Whilst breaches of this measure remain below those recorded at the other large Health Boards, there has been minimal change in the overall volume of patients delayed beyond 100% year to date. All specialties are reviewing national Clinical Implementation Network (CIN) guidance, See on Symptoms (SOS) / Patient Initiated Follow Ups (PIFU) opportunities and validating those delayed the longest to help drive improvements.

### **Psychological Therapy**

The percentage of adults receiving a psychological therapy within 26 weeks is showing improving variation in Adult Psychology, the Integrated Psychological Therapies Service and Learning Disabilities. The overall trajectory for December 2024 was exceeded with compliance of 66.2% (target is 80%). This was a drop of 4.4% since November which is due to the time between the end of the last round of groups for integrated therapies to the current round, where clients intermittently moved above the 26 week wait before commencement. The service will review the timetable for group interventions in order to avoid intermittent deterioration in performance.

### **Healthcare Associated Infections**

Total S. aureus case numbers are higher to date than the same period in the last financial year. However, both C. difficile and E. coli cases are fewer than the same period, last financial year.

- C. difficile infections: In month cases are showing expected (common cause) variation in January 2025. 164 cases within the Health Board this financial year to date compared to 157 reported at the same point for 2023/24. Population rates per 100,000 are reducing. The TI de-escalation criteria of reducing hospital onset cases by 25% was not met in January 2025 (8).  
An improvement group has been established with the Deputy Medical Director chairing. Continued use of DiffX and HPV disinfection, review of practices, hand hygiene audits, environmental audits and C. difficile transmission teaching provided to mitigate. Assurance meetings are held monthly on each site to review each hospital onset. Action plans developed with services focusing on Infection Prevention practice.
- E. coli infections: In month cases are showing expected (common cause) variation in January 2025. Population rates per 100,000 decreased slightly. The TI de-escalation criteria of reducing hospital onset cases by 25% was met in January 2025 (0). Continued education of staff around catheter and device care. Assurance meetings are held monthly on each site to review each hospital onset.
- S. aureus infections: In month cases are showing expected (common cause) variation in January 2025. Population rates per 100,000 increased. The TI de-escalation criteria of reducing hospital onset cases by 25% was not met in January 2025 (4). Peripheral vascular catheter bundle compliance monitored, with an emphasis on devices being removed at the earliest opportunity. Assurance meetings are held monthly on each site to review each hospital onset. An improvement in Aseptic Non-Touch Technique (ANTT) compliance was recorded in January 2025 (79.3%).

### **Assure (to note)**

There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

### **Mental Health**

All part 1a and 1b measures for adults and children met target and trajectory in November 2024. All part 1a and 1b measures are showing improving variation with the exception of adult interventions starting within 28 days following assessment, which is showing expected (common cause) variation. The targeted intervention de-escalation criteria of Local Primary Mental Health Support Services assessments undertaken; children and young people therapeutic interventions started within 28 days and those having a valid care treatment plan continue to be met.

### **Patient Experience**

Overall patient experience is continuing to exceed the 90% target, with 94.8% of patients responding positively on the survey in January 2025. In January 2025, 93.1% of patients reported a positive experience attending emergency departments.

### Personal Appraisal Development Review (PADR) within 12 months

This is showing improving variation. In January 2025, 83.04% compliance was achieved (target 85%). Continuous improvement has been made since our lowest compliance of 62% in April 2022.

### Directorate Improving Together Sessions (DITS) Thematic Report

In the additional document - Appendix 2, is a thematic report that summaries the work undertaken, key achievements and learning taken from meetings during November and December 2024.

### Triangulating our data: January 2025

- **Quality safety and risk:** During January 2025, there were 221 patient falls. Medication errors reduced with 89 cases. We continue to have significant numbers of high and extreme risks on the risk register with 464 this month. New complaints received by month, increased considerably from 108 in December 2024 to 152. The number of new infection cases was 65, 14 of which were C.difficile.
- **Workforce:** In month staff sickness reduced slightly to 7.1% and long-term sickness to 4.5%. There was a small increase in short term sickness 2.6%. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. During January 2025 nursing and midwifery agency usage continued at a low rate, 110.4 whole time equivalent (WTE).
- **Finance:** Comparing January 2025 to January 2024, our agency spend reduced by 52% (£805k) and bank spend increased by 9% (£102k) during the same period.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	143	314	143	
Patient falls	192	302	221	
Medication errors	71	151	89	
Pressure damage developing or worsening during care	75	216	97	
New complaints by month received (ward level not available)	108	225	152	
Number of high and extreme risks (health board & directorate only)	381	492	464	
Infections: new cases	53	84	65	
Infections: C. difficile cases	12	23	14	
<b>Workforce</b>				
Number of staff/contractor related incidents	100	212	156	
Sickness - short term	1.7%	3.6%	2.6%	
Sickness - long term	3.3%	4.9%	4.5%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	8.2%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	101.83	379.79	110.38	
Bank (WTE)	212.99	350.07	306.11	
<b>Financial recovery</b>				
Agency spend	£667,812	£3,491,731	£768,493	
Bank spend	£872,933	£1,628,320	£1,193,125	

### Escalation: January 2025

A summary of the internal escalation status of each of our directorates is included in the table below. Directorates have been assessed across the six domains of Quality, Governance, Workforce, Finance, Strategy & Planning, Fragile Services and Performance & Outcomes. The escalation assessment criteria can be found in Appendix A (at the end of this document).

## Escalation overview

### January 2025

#### KEY

1 Reasonable assurance

2 Limited assurance

3 No assurance

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance & Outcomes
Director of Operations	Director of Operations	1	2	2	3	1	n/a
	Facilities	2	3	3	3	1	3
	Mental Health & Learning Disabilities	3	3	2	3	2	3
	Cancer & Oncology	1	1	1	3	1	3
	Pathology	1	3	2	3	2	n/a
	Radiology	2	2	2	3	1	3
	Planned Care (incl. Audiology and Endoscopy)	2	3	2	3	3	3
	Bronglais Hospital	3	1	2	1	2	3
	Glangwili Hospital	3	1	2	3	3	3
	Prince Philip Hospital	3	1	2	3	1	3
	Withybush Hospital	3	1	2	3	2	3
	Women & Children	2	3	2	3	2	3
Director of Primary, Community and LTC	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	1	1	2	1	1	3
	Pembrokeshire County	2	1	2	3	1	3
	Primary Care	2	3	2	1	2	3
	Primary Care Management	1	2	2	1	1	n/a
	Medicines Management	1	2	2	3	2	n/a
Other	Director of Therapies and Health Sciences	2	1	2	3	1	3
	Director of Finance	1	2	2	1	2	n/a
	Director of Nursing	1	1	2	2	1	3
	Director of Public Health	1	1	2	1	1	2
	Director of Strategy and Planning	1	2	1	2	1	n/a
	Director of Workforce & OD	1	1	1	1	1	n/a
	Medical Directorate	1	2	1	1	1	n/a
	Corporate Services	1	1	2	1	1	n/a

### Escalation changes from December 2024 to January 2025

Domain	Escalated up ↑	Escalated down ↓
Quality	Bronglais Hospital (now L3) Glangwili Hospital (now L3) Prince Philip Hospital (now L3) Withybush Hospital (now L3)	Ceredigion County (now L1) Director of Nursing (now L1) Planned Care+ (now L2) Radiology (now L2)
Governance	Facilities (now L3) Primary Care (now L3) Women and Children (now L3)	Director of Nursing (now L1) Director of Operations (now L2) Radiology (now L2)
Workforce	Director of Finance (now L2)	-
Finance, Strategy and Planning	-	Bronglais Hospital (now L1) Ceredigion County (now L1) Director of Nursing (now L2)
Fragile Services	Planned Care+ (now L3)	-
Performance & Outcomes	-	-

Our four directorates with the highest levels of escalation are Mental Health and Learning Disabilities, Planned Care, Glangwili Hospital and Facilities. The escalation levels and key points to note for each of these directorates are summarised below. Directorates with concerning levels of escalation (Level 3s) are having monthly contacts with Executive Directors to discuss actions being taken to address the escalation issues. Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

### Mental Health and Learning Disabilities

Since August 2024, the Mental Health and Learning Disabilities directorate had the highest level (3) of escalation across the six domains. In November 2024, the directorate were de-escalated to Level 2 for the Workforce domain, recognising the improvements that have been made.

Escalation domain	Dec 24	Jan 25	Change	Notes
Quality	3	3	↔	58% escalation assurance. Overdue Healthcare Inspectorate Wales (HIW) and peer review actions need to be addressed. Incidents need to be managed more efficiently.
Governance	3	3	↔	Audit and inspection recommendations need to be implemented within timescales.
Workforce	2	2	↔	High levels of sickness, high turnover, overdue pay progressions and low job planning compliance need to be addressed.
Finance, Strategy & Planning	3	3	↔	Recurrent savings needs to be identified.
Fragile Services	2	2	↔	Need to identify alternative models to provide diagnostic assessments for ASD.
Performance and Outcomes	3	3	↔	Target for ASD performance continues to decline.

### Planned Care

The Planned Care directorate are on Level 3 escalation for four domains for the fifth consecutive month.

Escalation domain	Dec 24	Jan 25	Change	Notes
Quality	3	2	↓	69% escalation assurance. Areas that need to be addressed: incidents open over 120 days, and complaints open over 30 days and awaiting comments from service.
Governance	3	3	↔	Risk actions need to be reviewed within timescales. Improvement needed in compliance for completing audit and inspection actions. Directorate also need to ensure 90% of Welsh Health Circulars implemented within timescale.
Workforce	2	2	↔	Improved compliance needed for PADRs, sickness, staff turnover, overdue pay progressions and job planning.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	2	3	↑	More sustainable plans required for: critical care (PPH), emergency general surgery (WGH & GGH), ophthalmology consultant on-call rota, anaesthetics medical workforce, provision of 7 day a week Trauma unit (GGH).
Performance and Outcomes	3	3	↔	Directorate working towards ensuring no patients wait over 52 weeks for a first outpatient or over 104 weeks from referral to treatment.

## Glangwili Hospital

Glangwili Hospital are at Level 3 escalation for four out of the six domains. The quality escalation process has been refined to include additional metrics to the process measures used previously, resulting in the directorate being escalated up in the quality domain.

Escalation domain	Dec 24	Jan 25	Change	Notes
Quality	2	3	↑	45% escalation assurance. Areas for improvement: incident management, complaint management, action plan needed for hospital onset infections, more scrutiny of pressure damage/medication incidents and Intensive care Unit (ICU) admissions of deteriorating patients.
Governance	1	1	↔	
Workforce	2	2	↔	Improved compliance needed for PADRs, sickness, turnover, outstanding pay progressions and job planning.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	3	3	↔	A&E staffing: plan needed for more resilient medical staffing.
Performance and Outcomes	3	3	↔	Improvements needed in ambulance handover delays and reducing the number of patients waiting over 12 hours in A&E.

## Facilities and Estates

The directorate has been escalated up in the governance domain and is now in Level 3 escalation for four out of the six domains.

Escalation domain	Dec 24	Jan 25	Change	Notes
Quality	2	2	↔	Internal audit actions need to be completed and overdue HIW actions need to be addressed and closed.
Governance	2	3	↑	Audit and inspection recommendations need to be implemented within timescales. Governance arrangements need to be strengthened within the directorate.
Workforce	3	3	↔	Improvements needed for PADRs, sickness, turnover and mandatory training.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	1	1	↔	
Performance and Outcomes	3	3	↔	Consistent cleaning audits need to be undertaken across all sites and targets achieved, particularly in high risk areas.

## Argymhelliad / Recommendation

The Board is asked to:

- **CONSIDER** the IPAR – Month 10 2024/2025 report
- **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'Alert'.

**Amcanion: (rhaid cwblhau)**  
**Objectives: (must be completed)**

<p>Committee ToR Reference:          Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A).</p> <p>3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:          Datix Risk Register Reference and Score:</p>	<p>Risks are outlined throughout the report</p>
<p>Parthau Ansawdd:          Domains of Quality  <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	<p>6. All Apply</p>
<p>Galluogwyr Ansawdd:          Enablers of Quality:  <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	<p>7. All apply</p>
<p>Amcanion Strategol y BIP:          UHB Strategic Objectives:</p>	<p>All Strategic Objectives are applicable</p>
<p>Amcanion Cynllunio          Planning Objectives</p>	<p>All Planning Objectives Apply</p>

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	2022/2023 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care  Strategic Development and Operational Delivery Committee People, Organisational Development and Culture Committee

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Better use of resources through integration of reporting methodology
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement
<b>Gweithlu: Workforce:</b>	Development of staff through pooling of skills and integration of knowledge
<b>Risg: Risk:</b>	Better use of resources through integration of reporting methodology
<b>Cyfreithiol: Legal:</b>	Better use of resources through integration of reporting methodology

<b>Enw Da:</b> <b>Reputational:</b>	<p>A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a health board, which then may have a knock-on impact onto recruitment and staff morale.</p>
<b>Gyfrinachedd:</b> <b>Privacy:</b>	<p>Not applicable</p>
<b>Cydraddoldeb:</b> <b>Equality:</b>	<p>Not applicable</p>

## Appendix A: Escalation criteria

	Quality	Governance	Workforce	Finance, Strategy & Planning	Fragile Services	Performance & Outcomes
	Director of Nursing	Director of Corporate Governance	Director of Workforce and OD	Director of Finance Director of Strategic Planning	Director of Strategic Planning Director of Nursing	Director of Operations
<b>Level 1</b>	<b>Reasonable assurance that there are no significant concerns within the directorate.</b>					
<b>Level 2</b>	<b>Limited assurance that the directorate:</b>					
	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Concerns</li> <li>3. Complaints</li> <li>4. Medical Examiner</li> <li>5. Duty of Candour</li> <li>6. HIW/ Care Inspectorate Wales (CIW)</li> <li>7. Quality and Equality Impact assessments (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits / inspections / Welsh Health Circulars (WHCs) / Ministerial Directions</li> <li>3. Board / Committee actions</li> <li>4. Freedom of Information (Fol) and corporate correspondence</li> <li>5. Policies (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. PADRs</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters and job plans</li> </ol>	<p>Will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Will achieve target performance, with the trajectory missed for over two months.</p>
<b>Level 3</b>	<b>No assurance that the directorate:</b>					
	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Concerns</li> <li>3. Complaints</li> <li>4. Medical Examiner</li> <li>5. Duty of Candour</li> <li>6. HIW/CIW</li> <li>7. Quality and Equality Impact assessments (where applicable)</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits / inspections / WHCs / Ministerial Directions</li> <li>3. Board / Committee actions</li> <li>4. Fol and corporate correspondence</li> <li>5. Policies (where applicable)</li> <li>6. Quality governance</li> </ol>	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. PADRs</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters and job plans</li> </ol>	<p>Will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Will achieve target performance, with the target and improvement trajectory being consistently missed.</p>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 31<sup>st</sup> January 2025

For further details see the 'System measures' section of the latest [IPAR dashboard](#).



This document summarises performance against our key improvement measures for 2024/25. This includes measures relating to our enhanced monitoring from Welsh Government, along with the Minister for Health and Social Care’s priorities for this financial year. We have also included measures for delayed ways of care, nurses in post and financial balance as these measures have a significant impact on our performance in other areas.

For data on all performance measures we are tracking, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31<sup>st</sup> January 2025](#)

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Cancer	% pts on single cancer pathway within 62 days	Oct 2024	75%	45%	●	■	◆
Delayed discharges	Number of Pathways of Care delayed discharges	Nov 2024	n/a	204	●	N/a	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Nov 2024	0	6,451	●	■	◆
Finance	Financial in month deficit	Nov 2024	n/a	-£18,315,000	●	N/a	◆
Infections	E. coli: Number of confirmed cases (in-month)	Nov 2024	21	37	●	■	N/a
Infections	S. aureus: Number of confirmed cases (in-month)	Nov 2024	6	08	●	■	N/a
Infections	C. difficile: Number of confirmed cases (in-month)	Nov 2024	8	16	●	■	N/a
Mental health (includes neuro)	% adult psychological therapy waits <26 weeks	Oct 2024	80%	75.6%	●	■	◆
Mental health (includes neuro)	% child neurodevelopment assess waits <26 weeks	Oct 2024	80%	18.6%	●	■	◆
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 0-17)	Oct 2024	80%	84.1%	●	■	◆
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 18+)	Oct 2024	80%	98.1%	●	■	◆
Planned care	Waits over 52 weeks: new outpatient appointment	Nov 2024	0	2,622	●	■	◆
Planned care	Patients waiting 104 weeks+ RTT	Nov 2024	0	1,951	●	■	◆
Planned care	Patients waiting over 52 weeks RTT	Nov 2024	0	14,628	●	■	N/a
Planned care	Follow-up appts - delayed >100%	Nov 2024	0	16,682	●	■	N/a
Planned care	% R1 eyecare appts attended in target or 25% delay	Oct 2024	95%	65.0%	●	■	N/a
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Nov 2024	0	2,244	●	■	◆
Urgent and emergency care	% Ambulance red call responses < 8 mins	Nov 2024	65%	49.5%	●	■	N/a
Urgent and emergency care	Ambulance handovers > 1 hour Hywel Dda	Nov 2024	0	986	●	■	◆
Urgent and emergency care	Ambulance handover > 4 hours Hywel Dda	Nov 2024	0	295	●	■	N/a
Urgent and emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Nov 2024	95%	63.9%	●	■	N/a
Urgent and emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Nov 2024	0	1,543	●	■	◆
Workforce	% staff PADRs in the previous 12 months	Nov 2024	85%	83.1%	●	■	N/a

**Key**

**Variation - how are we doing over time**

- Improving trend
- Usual trend
- Concerning trend

**Assurance - performance against target**

- Always hitting target
- Hit and miss target
- Always missing target

**Trajectory - performance against our ambition**

- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

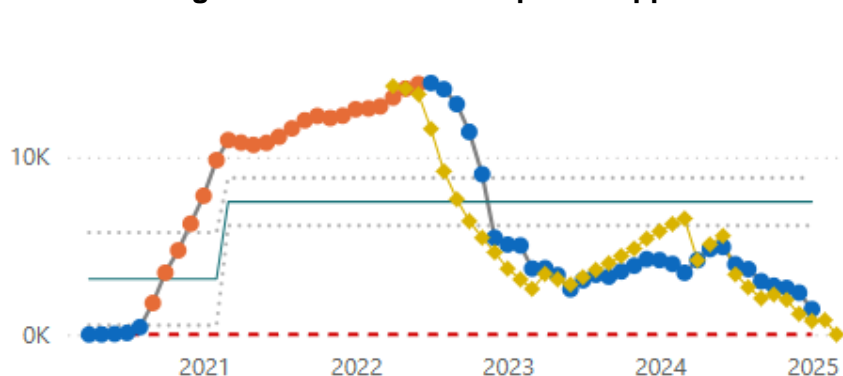
**Statistical process control (SPC) charts**

- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

Key

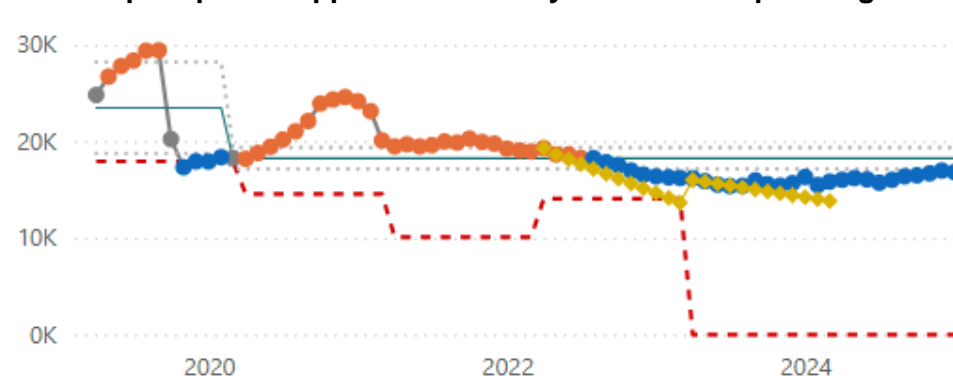
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Latest data is showing improving variation. Breaches have reduced for seven consecutive months and the 1,432 breaches at the end of January 2025 is the lowest recorded in over four years.

Follow up outpatient appointments delayed over 100% past target date



Latest data is showing improving variation, however, breaches in December 2024 (16,976) and January 2025 (16,818) at the highest level in over two years.

Key challenges / issues

- Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).
- 71% reduction in 52-week breaches since June 2024 & lowest volume for 4 years.
- The Health Board actively manages and triages referrals which has resulted in no waiting list growth.
- Outpatient waiting volumes are at their lowest since July 2021. Latest performance, although improved has been impacted by sickness, bereavement, and clinical unavailability. Additional factors include vascular regional capacity issues.
- Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales.
- 41% reduction in 36-week breaches since June 2024 – positive indications for further recovery in future years

Key actions / initiatives

- The Health Board are on track to achieving no patients waiting over 52 weeks for their first outpatient appointment by March 2025. Progress towards this is dependent upon specialty specific operational plans that include the use of recovery monies from Welsh Government.
- Continue to manage demand via targeted validation, referral management, robust clinical triage and the use of alternative pathways such as self-management (SoS & PIFU).
- Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.
- Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and use of CIN (Clinical Implementation Network) guidelines.
- Demand and capacity plans have been developed and are regularly in use across key specialties to maximise available capacity and forecast accurately.

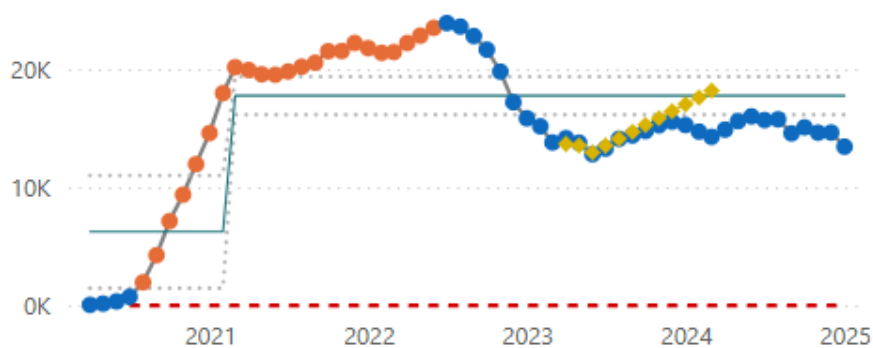
Due date

- 31/03/25
- Ongoing
- Ongoing
- Ongoing
- Ongoing

Key

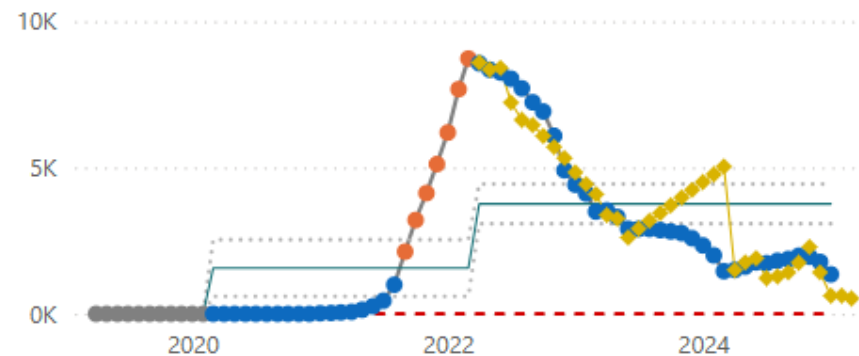
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Latest data is showing improving variation. Breaches at the end of January 2025 (13,439) are the lowest since July 2023.

Patients waiting over 104 weeks from referral to treatment



Latest data is showing improving variation. Breaches have reduced for three consecutive months and the 1,349 breaches at the end of January 2025 is the lowest recorded in over three years.

Key challenges / issues | Key actions / initiatives | Due date

- Ongoing acute hospital site pressures can adversely affect elective care.
- Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times.
- Maintaining and reducing waiting times further by March 2025 is dependent upon agreed recovery funding and procurement support.
- Longer waiting patients are requiring additional pre-assessment support.
- Achieving GIRFT (Getting It Right First Time) ambitions in each specialty partly reflects variations in clinical confidence alongside organisational / process factors in the pre-operative pathway.
- Performance has been impacted by sickness, annual leave, and clinical unavailability. Additional factors include:
  - Urology cancer backlog being prioritised over routine backlog (inpatient demand is needed for both Cancer and longest waiting routine patients).
  - Colorectal cancer demand utilising routine slots.
  - Vascular regional capacity issues

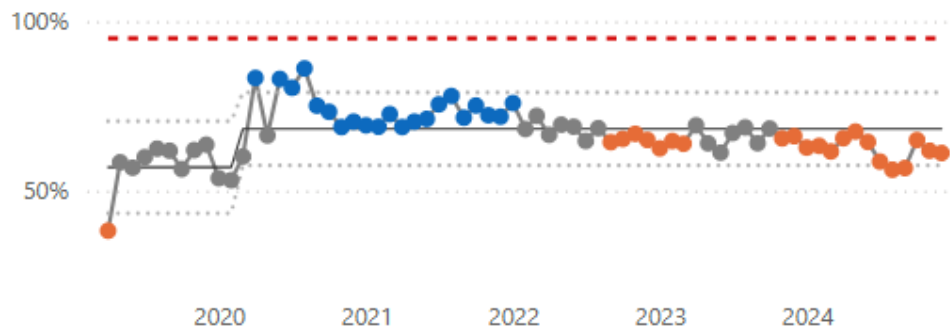
- Continue to manage demand via targeted validation, referral management (i.e. implementing My Health Pathways), robust clinical triage and the use of alternative pathways such as self-management (See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU)).
- Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.
- Demand and capacity plans have been developed and are regularly in use across key specialties to maximise available capacity and forecast accurately.
- Independent sector insource solution has been commissioned to supplement existing capacity.

- Ongoing
- 31/03/25
- Ongoing
- Ongoing

**Key**

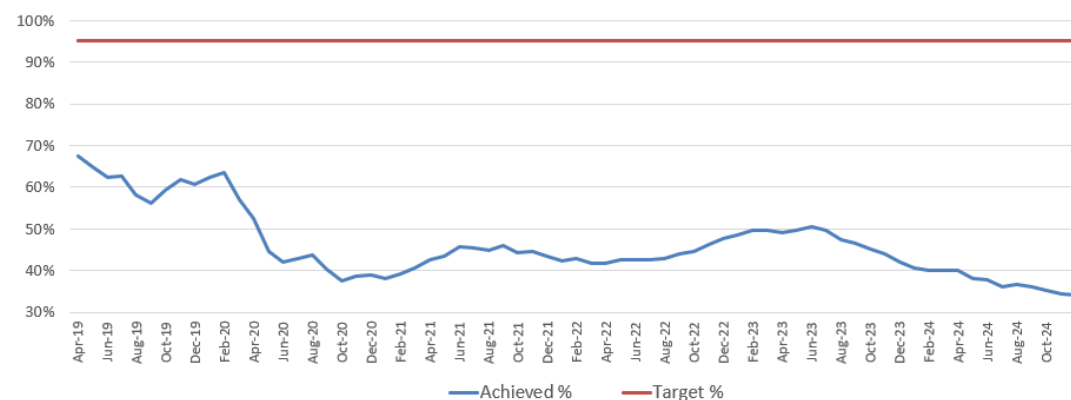
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date**



Latest data is showing concerning variation. In December 2024, 925 out of 1,513 (61.1%) high-risk (R1) patients **attended appointments** within their clinically assigned target date or within 25% beyond that date (Target = 95%).

**% R1 patients waiting within their clinical target date or within 25% beyond their clinical target date**



In December 2024, 6,182 out of 18,059 (34%) high-risk (R1) patients **were waiting** within their clinically assigned target date or within 25% beyond that date. Target = 95%.

### Key challenges / issues

- Workforce/estates to deliver capacity to meet demand for high-risk (R1) patients in Glaucoma and Intravitreal Injection Therapy (IVT).
- Referral process is convoluted with many delays in the processes resulting in delays to booking.
- IVT patient breaches remain at 10 weeks which impacts R1 delivery.
- Capacity for R1 delivery directly conflicts with Ministerial Measures and the need to deliver 52-week new outpatient target.

### Key actions / initiatives

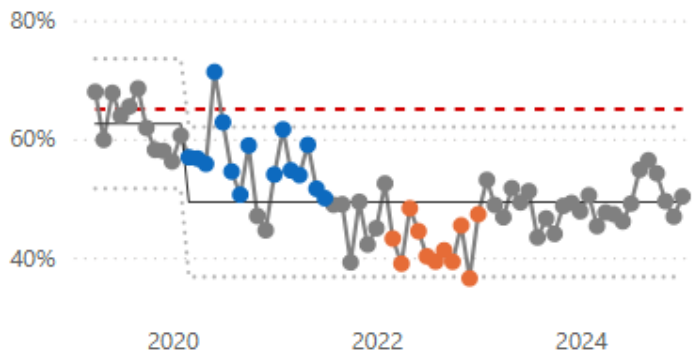
- Potential regional solutions for Glaucoma and Medical Retina being explored.
- The possibility of further regional posts could provide more Consultants.
- Outsourcing of 500 IVT patients to improve breach from 10 weeks to 8 weeks.
- Wales General Ophthalmic Services (WGOS) work continues with 277 patients discharged to the community to date.
- Referral process has been mapped with improvements identified and solutions being explored.
- IVT Situation, Background, Assessment, Recommendation (SBAR) produced to outline long term funding needed to introduce sustainable solutions. Short term solutions have been funded until March 2025 and will reduce breach position to 8 weeks. This will continue to impact R1 delivery.
- Capacity has been identified in Demand and Capacity plans for R1 delivery. This will help with R1 delivery and potentially maintain performance against target but will not improve it.

### Due date

- Ongoing
- 28/02/25
- 30/09/25
- 30/04/25
- Ongoing
- Ongoing

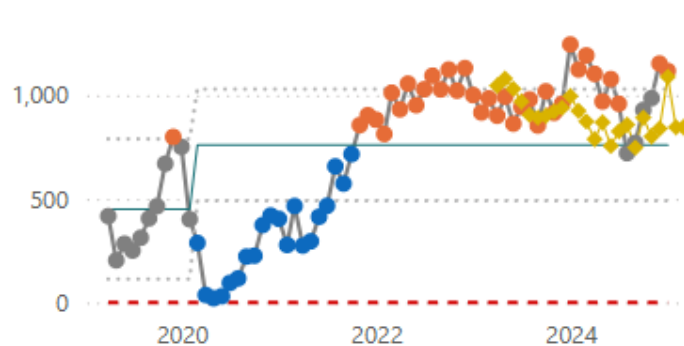
**Key**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation  
 - - Upper and lower limits  
 — Mean  
 — Target  
 ● Ambition

**Life threatening (red) call responses taking over 8 minutes**



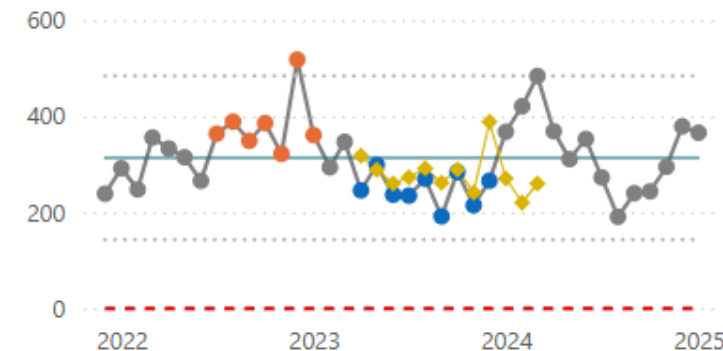
Latest data is showing expected (common cause) variation, 379 red calls met, out of a total of 754 responses, 50.3% (target = 65%).

**Ambulance handovers taking over 1 hour**



Latest data is showing concerning variation. 1,117 handovers > 1 hour out of a total of 2,077, 54%. The trajectory of 1,089 was not met.

**Ambulance handovers taking over 4 hours**



Latest data is showing expected (common cause) variation. 366 handovers > 4 hour out of a total of 2,077, 18%.

**Key challenges / issues – red calls**

- 52.26% of missed red calls for January 2025 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites.
- 43.46% of missed red calls for January 2025 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8minutes if a vehicle is available and on nearest standby point.
- Overall attended demand in Hywel Dda health board area for has mainly been as forecasted but continues to remain high.
- Hospital delays in offloading WAST ambulance crews, 3,805 hours lost at the 4 acute Hywel Dda hospital sites in January 2025, which has decreased by 5.04% when comparing January 2024. Top 3 reasons for handover delays according to system data 'no beds available', 'patient had complex needs', 'no available trolley or chair'.
- Increase in the number of immediate release requests for the month of January 2025. 38 requests made, 26 accepted, 13 not accepted. Acceptance rate has decreased to 66.67%

**Key actions / initiatives – red calls**

- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources
- WAST resourcing reviews and targeted overtime allocation
- Porth Preseli – prehospital clinical screening model now live with advanced paramedic practitioners assisting with admission avoidance. Continuing to improve cover.
- The NHS111 press 2 access for WAST clinicians in HD area for mental health advice now live.
- Neck of Femur pathway – ongoing challenges with progression from a health board perspective and support continues to be requested from health board colleagues. Previous due date not met
- Working with health board colleagues to improve SDEC referrals and acceptance. Recruitment drive has seen an increase in Cymru High Acuity Response Unit (CHARU) paramedics improving cover.
- Palliative Care Paramedic trial, supporting palliative patients is now live in Hywel Dda

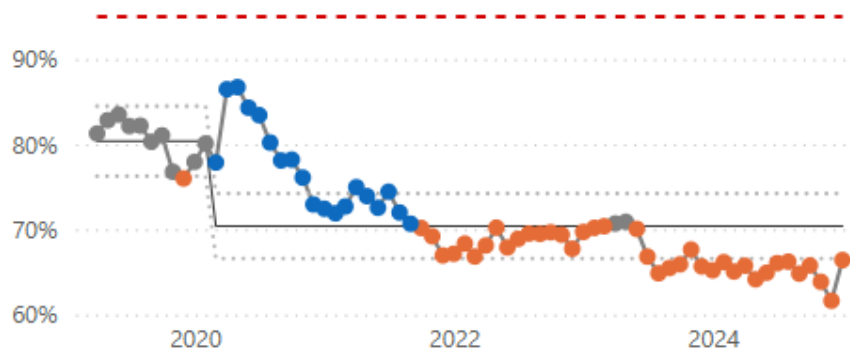
**Due date**

- Weekly ongoing, Daily – Hourly, ongoing.
- Weekly ongoing
- Weekly ongoing
- 30/08/25
- 30/08/25
- 31/03/25

**Key**

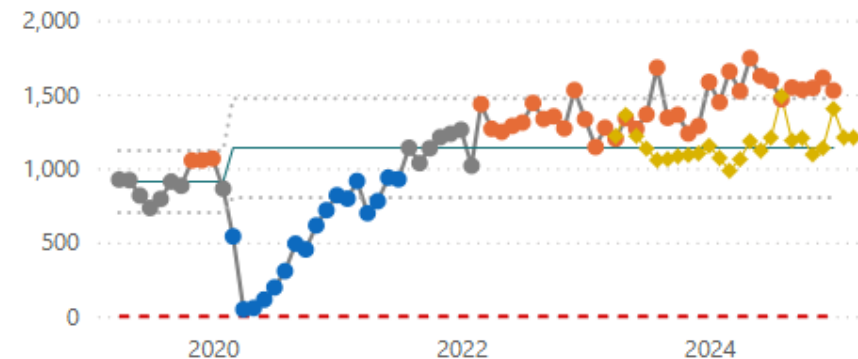
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Patients waiting less than 4 hours in A&E/MIU**



66% reported for January, 4,626 breaches out of 13,771 new attendances. Chart is showing a concerning performance trend.

**Patients waiting over 12 hours in A&E/MIU**



1,525 breaches out of 13,771 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 1,401 was not met

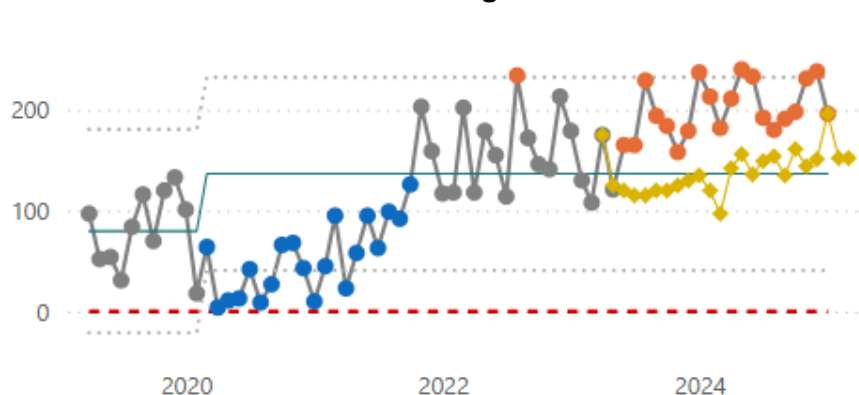
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

- [Bronllais Hospital](#)
- [Glangwili Hospital](#)
- [Prince Philip Hospital](#)
- [Withybush Hospital](#)

Key

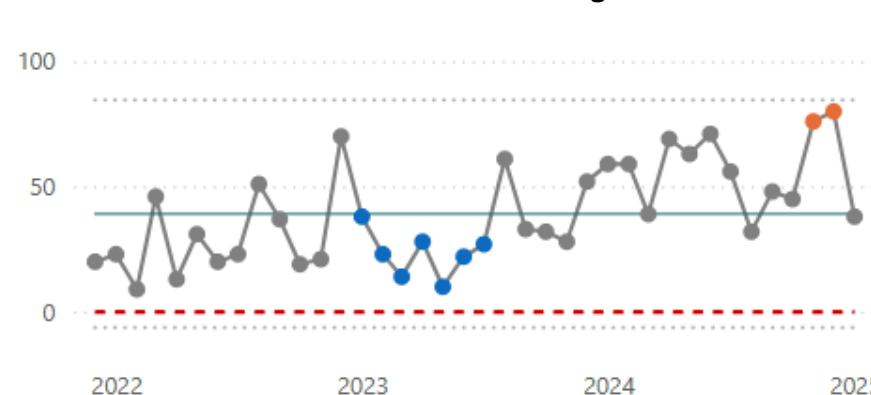
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 196 handovers >1 hours reported out of a total of 370 handovers, 53%. The trajectory of 196 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 38 handovers >4 hours were reported out of 370 total handovers 10%.

Key challenges / issues

- Emergency department “front door” capacity pressures continue. Ambulance conveyances to site average of 12 to 14 per day in the last 3 months. Emergency and Urgent Care surge (number of patients beyond the capacity) and unallocated bay pressures maximised - with patients routinely cared for in corridor areas to maximise flow available. Surge areas are additional beds opened to support additional demand where no other capacity is available. This is further compounded by an increase in the acuity of patients including those self-presenting and often, these patients are triaged with a higher priority than those subject to handover delays. Pathways of Care delay numbers have also increased concurrently. Recovery and de-escalation is impacted by the combination of all of these factors.
- The Y Bwa unit opened at the end of July (to manage the decant of Meurig Ward) continues to support site pressures by providing capacity for step-down (medically optimised) patients. Flow out from this unit has become constrained in relation to non-availability of social care capacity and is currently subject to a review of its utility.
- Patient flow out of hospital continues to be compromised with limited care home capacity and reduced community hospital bed base.

Key actions / initiatives

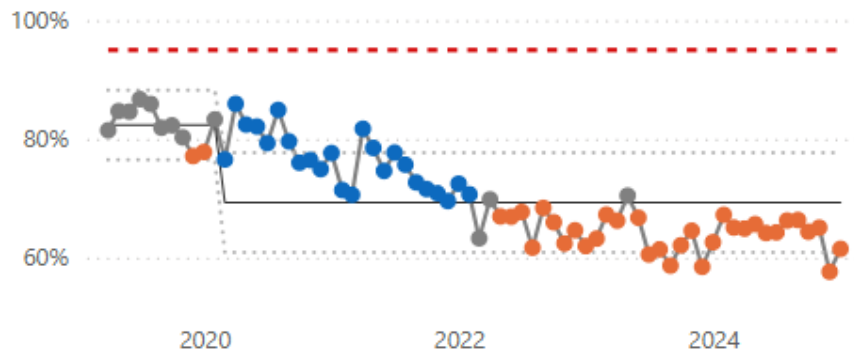
- NHS Executive action plan in situ to support actions designed to improve flow across the site
- Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.
- A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07.02.25 to explore options for future model Detailed proposal now to be worked up/ costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance.
- GIRFT follow up visit held 30.01.25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements across the ED system

Due date

- 31/03/25
- 31/03/25
- 30/04/25
- 28/02/25

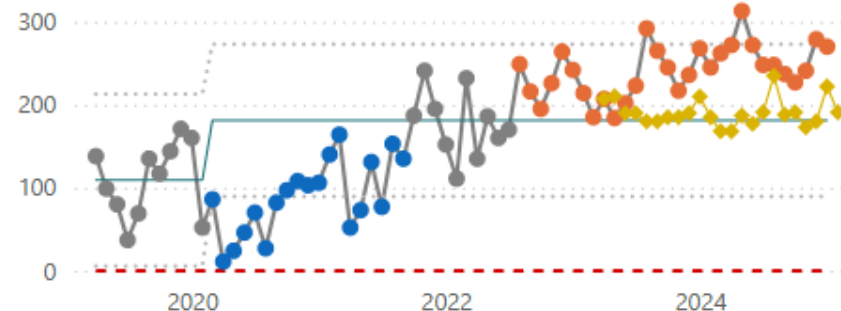
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

Patients waiting less than 4 hours in A&E



61% reported for January, 870 breaches out of 2,259 new attendances. Chart is showing a concerning performance Trend.

Patients waiting over 12 hours in A&E



270 breaches out of 2,259 new attendances, 12%. The chart is showing a concerning performance trend. The trajectory of 222 was not met.

**Key challenges / issues**

- 4 hour waits continue to be a challenge and are related to the constraints described in relation to the 1 hour ambulance handover position. The Clinical Decisions Unit boarding protocol introduced at the beginning of June continues to support site pressures in order to minimise delays as much as possible.
- The position is further compounded by an increase in the acuity of patients including those self-presenting- and often, these patients are triaged with a higher priority than those subject to handover delays
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.
- Patient flow out of hospital has also been compromised with limited care home capacity and reduced community hospital bed base.

**Key actions / initiatives**

- NHS Executive action plan in situ to support actions designed to improve flow across the site
- Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.
- A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07/02/25 to explore options for future model Detailed proposal now to be worked up/ costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance.
- GIRFT follow up visit held 30/01/25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements across the ED system

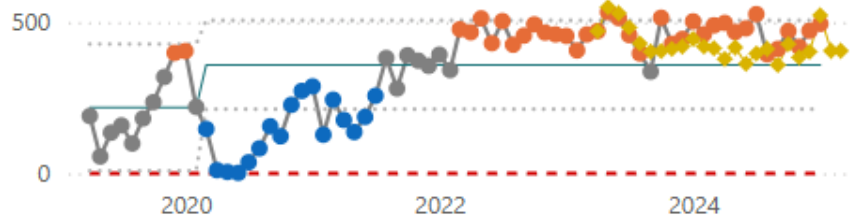
**Due date**

- 31/03/25
- 31/03/25
- 30/04/25
- 28/02/25

Key

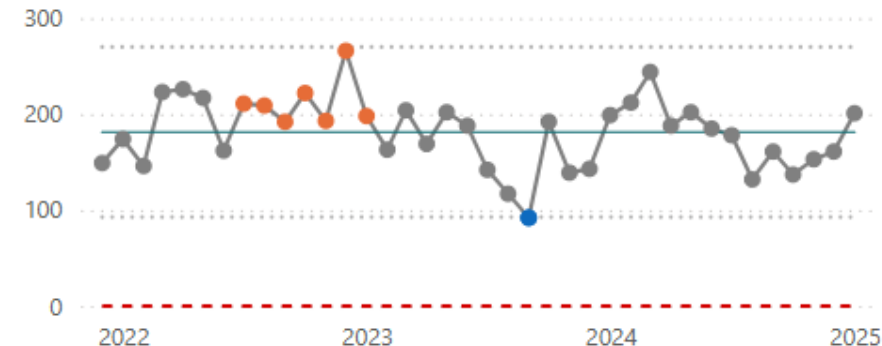
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 495 handovers >1 hours reported out of a total of 805 handovers, 61%. The trajectory of 523 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 201 handovers >4 hours reported out of a total of 805 handovers, 25%.

Key challenges / issues

Ambulance handover >1 hour performance has deteriorated in January, although total ambulance handover numbers have reduced in month compared to December. Some high ambulance arrivals reported throughout January in excess of 30.

Ambulance handover >4 hours has also seen a deterioration in January.

Flow remains challenging with high acuity of patients and complex discharge needs.

Key actions / initiatives

- Red and Amber 1 release plans firmly in place and are accommodated when safe to do so. A&E safety huddle continue and focus on actions to handover ambulances and the clinical safety within the department.
- Twice daily HB calls to ensure system support for ambulance handover. Escalation of ambulance delays throughout the day to Manager of the Day and Senior Nurse for flow.
- Advanced Paramedic Practitioner and Integrated Commissioning multi disciplinary team to review ambulance stack and conveyance avoidance where possible.
- Delta rapid response and British Red Cross working at front door to facilitate early discharge with home support.

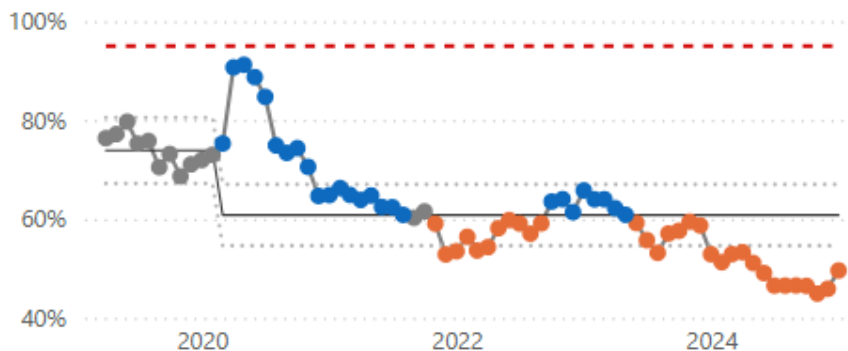
Due date

- Daily
- Daily
- Daily through Eastgate
- Daily

Key

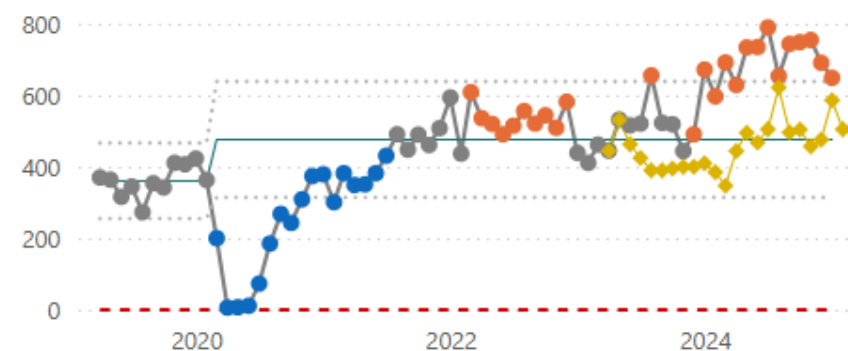
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



49.6% reported for January, 2,166 breaches out of 4,298 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



649 breaches out of 4,298 new attendances, 15%. Chart is showing concerning performance trend. The trajectory of 586 was not met.

Key challenges / issues

- 4 hour performance has remained relatively static in January although very slight improvement (4%).
- ED attendances demonstrated a slight decrease. Rapid triage and assessment is facilitated by a Senior Clinician where possible to enable early decision making.
- 12 hour performance remains relatively static due to flow through the Hospital, which continues to be challenging. High numbers of medically fit patients and increased number of ready to leave.
- Boarding protocol on ward areas at extreme risk encountered during January (additional patients in 4 bed bays) but contributed to lack of space to administer therapy and rehabilitation.

Key actions / initiatives

- Medical Same Day Emergency Care (SDEC) service trialled during perfect week (w/c 21/01/25) and continued within current staffing model.
- Surgical Same Day Emergency Care (SDEC) service continues for surgically expected patients to avoid ED overcrowding.
- Weekly Escalation meetings in place with Carmarthenshire Community teams to discuss long stay patients with focus on long stay patients.

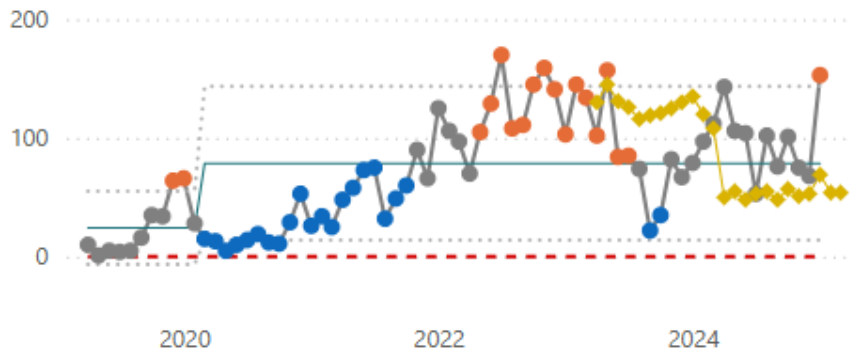
Due date

Review in March for Feb data.  
SSDEC to continue.  
  
Weekly

Key

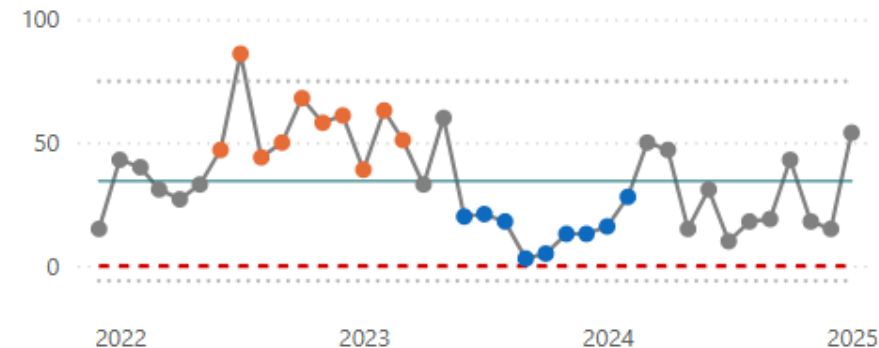
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 153 handovers >1 hours reported out of a total of 263 handovers, 58%. The trajectory of 69 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 54 handovers >4 hours reported out of a total of 263 handovers, 21%.

Key challenges / issues

- Due to the increase in ambulance demand in January, we experienced a higher number breaching >1 hour target.
- Challenges remain with a spike in infection control issues this month with various bays closing and with a temporary closure of 2 ward area resulting in closed beds.
- Across Carmarthenshire- Advanced Paramedic Practitioner (APP) fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave.
- Challenges continue with the prioritisation of medical patients in MIU which resulted in slightly longer delays in ambulance handovers.
- Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remains a challenge with around 50 patients per day. This does have an impact on patient flow throughout the hospital.

Key actions / initiatives

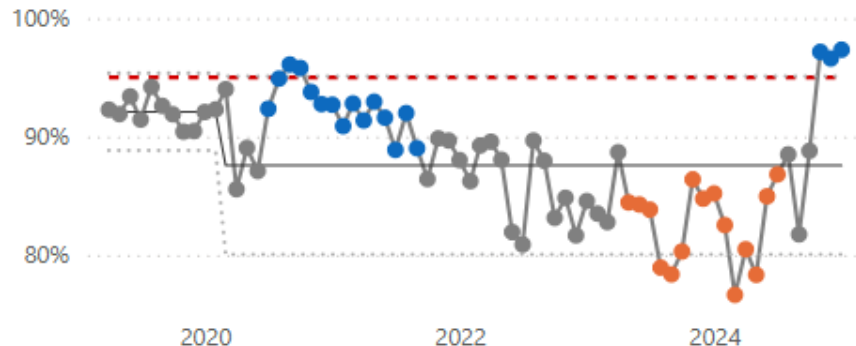
- Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients.
- SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions.
- Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) to included interface frailty service is in its final stages of planning. Recruitment has been successful. Frailty model currently being worked up.
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.

Due date

- 28/02/25
- 28/02/25
- 28/02/25

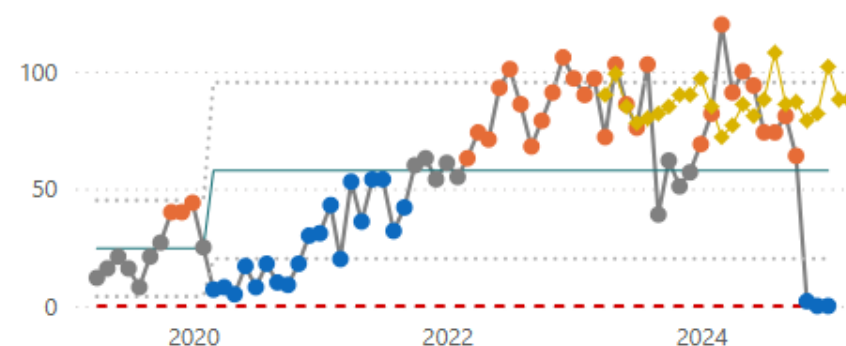
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

Patients waiting less than 4 hours in MIU



97.3% reported for January, 57 breaches out of 2,143 new attendances. Chart is showing improving variation performance trend.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,143 new attendances. Chart is showing improving performance trend. The trajectory of 102 was met.

**Key challenges / issues**

- Following the overnight closure which was introduced on the 1st November, the Minor Injury Unit (MIU) new patient attendances has decreased. Patients who present to MIU with a medical complaint, following triage require admission, are handed over to the medical team in AMAU ward. In turn this has reduced our 12 hour breaches significantly.

**Key actions / initiatives**

- SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions.
- Implementation of Criteria Led Discharge across additional areas to include weekends.
- Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continues to run which facilitates early discharges and follow up review. These clinics will increase over the next 12 months when we review doctors weekly timetables to meet the demand and avoid delays.
- Further use of Virtual Wards in the community supports early discharge

**Due date**

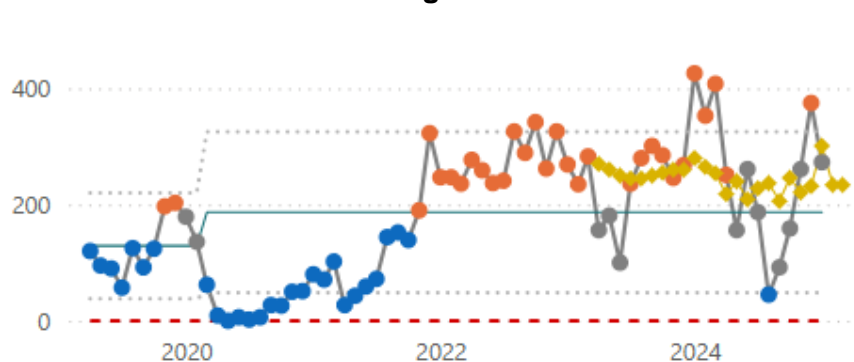
28/02/25

31/03/25

Key

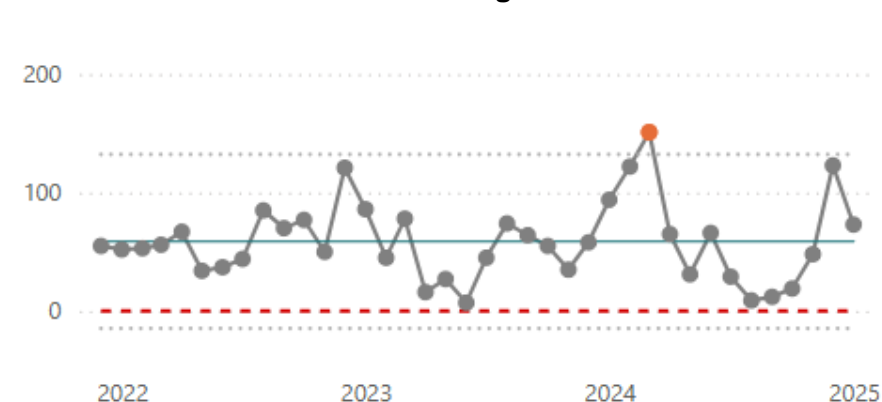
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) 273 handovers >1 hours reported out of a total of 639 handovers, 43%. The trajectory of 301 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 73 handovers >4 hours reported out of a total of 639 handovers, 11%.

Key challenges / issues

WGH had seen improvements in the 1 and 4 hr handover targets. During the winter pressure we have not been able to consistently sustain the improvement. The ED attendance numbers has not altered greatly. However, the acuity of the patients coming via ambulance and walk ins has increased. At times there has also been a spike in ambulance conveyance that is difficult to predict. There has been an increase of the acuity of the walk in patients presenting at ED, which have superseded the clinical needs of the patients being conveyed via ambulance.

However, WGH has meet the trajectory for this target.

Key actions / initiatives

- 1 Reses bay will be ringfenced, always, to assure rapid handover of the most clinically unstable patient.
- To establish a 2nd triage room
- Clinical streaming hub continues to participate signposting patients away from ED who do not require ED
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.
- Boarding policy is fully implemented
- Immediate release of an ambulance is continued to be facilitated. The rapid assessment bay is ringfenced for this function.
- SDEC has increased the pull of patient from the ED queue

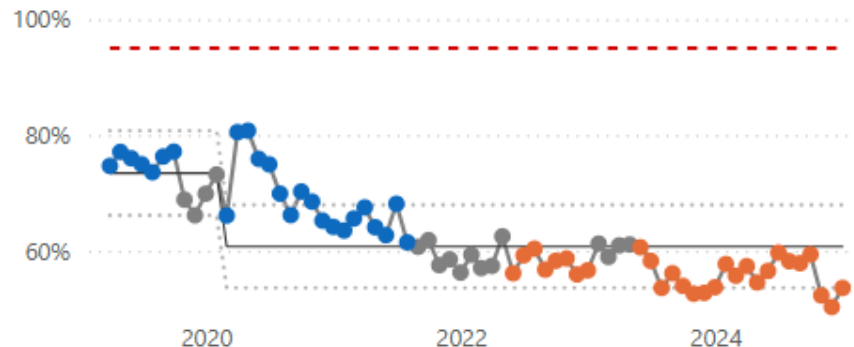
Due date

- 03/02/25
- 10/02/25
- Completed
- Completed
- Completed

Key

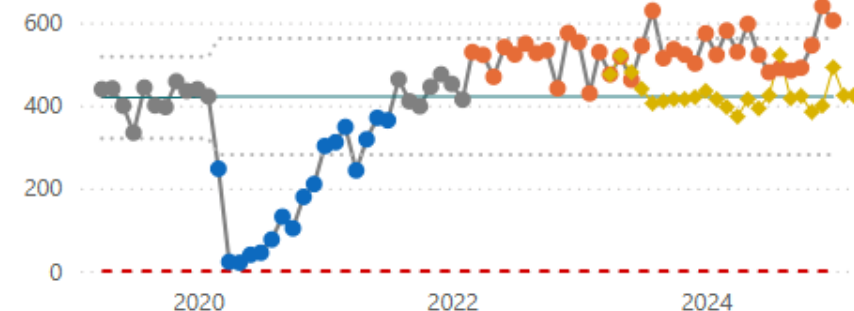
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



53.6% reported for January, 1,478 breaches out of 3,187 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



605 breaches out of 3,187 new attendances, 19%. Chart is showing concerning performance trend. The trajectory of 492 was not met.

Key challenges / issues

- We continue to see an over crowded ED. The ED clinicians do not have adequate space to see and treat patients in a timely manner.
- We consistently have 20 plus patients waiting for beds for over 12hrs.
- Pembrokeshire demographics shows we have higher percentage of people over 65 yrs. This is also seen in the SEDIT database, that our site see the higher attendance of patients being seen in ED over the age of 65. This can bring its own challenges with an increase of complexity.
- The acuity of the patients coming via ambulance and walk ins has increased
- There has been added pressure in the whole system due to seasonal infections such as Flu and Norovirus, which has seen wards/beds being closed.
- We are still seeing a high number of patients waiting in hospital who are now clinically optimised waiting for complex discharge support.

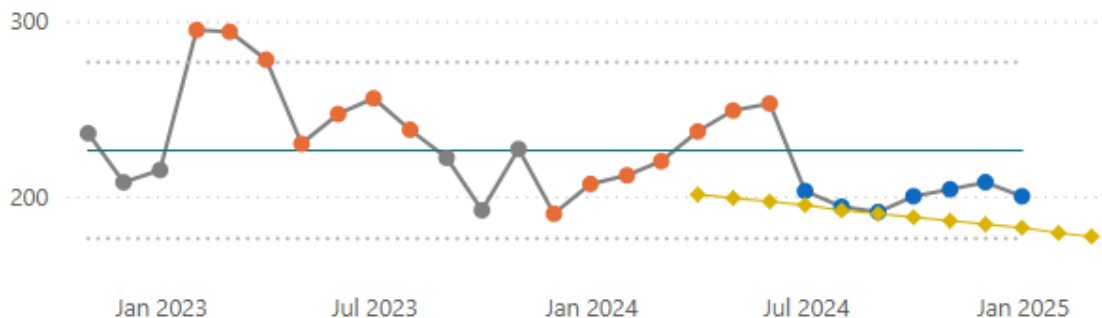
Key actions / initiatives

- Need to optimise the frailty pathway
- To have direct rereferrals from WAST/GPs to the acute frailty unit. This will avoid duplication in the patient care and have the correct input from the COTE team from the start of the patients journey in hospital.
- To map out 7 day working for the streaming hub, which may include SDEC.
- Further use of Virtual Ward and Virtual Hot clinic in the community supports early discharge or admission avoidance.
- GIRFT follow up visit held 30.01.25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements across the ED system

Due date

- 01/04/25
- 01/06/25
- 01/06/25
- 01/04/25
- 01/03/25

### Total number of pathways of care delayed discharges (non-MH + MH & LD)

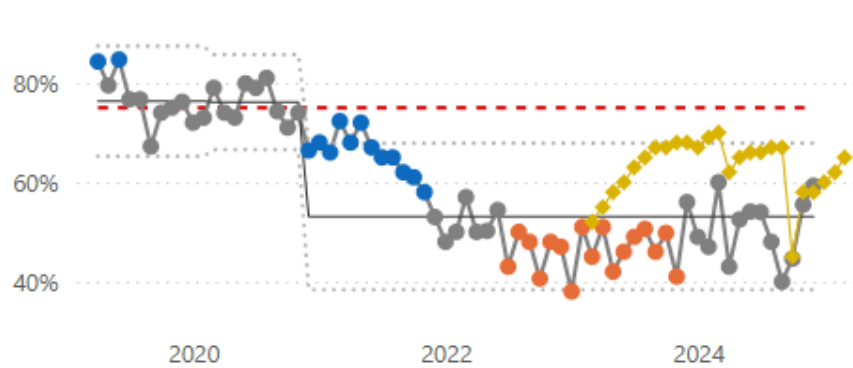


- Number of census count delays decreased in January with 200 patients and chart shows improving variation. The trajectory of 182 was missed.
- The total days delayed for non-mental health decreased in January, 7,797 days vs 7,983 December. Mental Health and learning disability delays have been increasing since August 2024, 1,474 days in January vs 1,236 in December.
- Assessment delays remain the largest proportion of delays.
- The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas.

Key Challenges / Issues	Key actions / initiatives	Due date
<b>Non-mental health:</b> Still significant health related assessment delays for nursing (21 delays, 536 days), AHP (18 delays, 301 days), CHC (1 delay, 54 days). In addition, there were 15 delays related to mental capacity (435 days). 4 Court of protection delays (637 days) Ongoing wider system challenges (RH/NH availability/ home care packages).	Review formal arrangements between senior Health Board and Local Authority partners within the region at all levels.	30/09/25
	Weekly county system patient flow review meetings feed into the monthly regional review meeting.	Complete
	Oversight of POCD established within the 6 Goals for Urgent and Emergency Care workstream 3 (known as 'Safe Hospital Care'). This encompasses the actions required from Goal 5 and 6 including POCD, D2RA, Safer and Red2Green.	30/06/25
	Health and social services weekly POCD meetings for all hospital sites in place.	Complete
	Standardised regional process required for monitoring and escalation of patients who have a length of stay of over 7 days (stranded and super stranded) – to prevent them becoming delayed by our system.	30/09/25
	Developing Trusted Assessor model - Trusted Assessor sub-group established reporting through to Health Board Delivery group.	Complete
	Review all health-related assessment delays to agree and develop interprofessional standards.	30/09/25
<b>Mental Health</b> The Mental Health & Learning Disability directorate Pathway of Care Delay (PoCD) census count for January 2025 remained at 13, this includes 4 discharges, and 4 new patients identified as being PoCD eligible from last month.	The position includes seven patients who have a length of stay over the 90-day threshold for Mental Health. Since last month, one new patient has attained a 90-day delay, and one was discharged. All patients have concise discharge plans in place and the discharge delays are beyond the control of the in-patient multi-disciplinary team. The patients include five on older adult wards and 2 on acute. This position has been raised with the respective heads of service to note and action where possible for discharge.	31/03/25

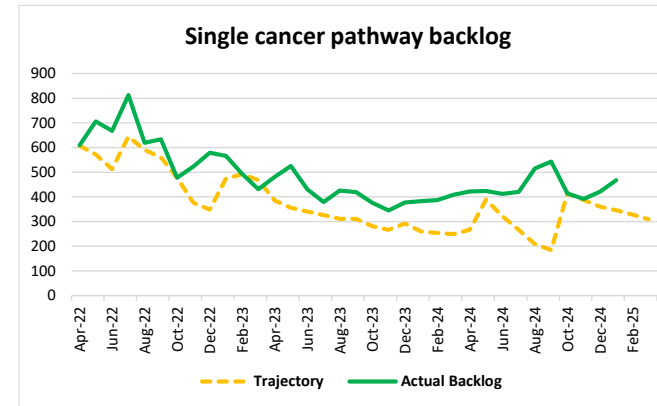
**Key**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation  
 - - Upper and lower limits  
 — Mean  
 — Target  
 ● Ambition

**% single cancer pathway patients starting treatment within 62 days**



In December 2024 59.3% of patients (131 out of 221) started treatment within 62 days from referral exceeding the trajectory of 58%. There were 1,733 referrals in the same month, this is the fewest number of referrals since January 2024.

**Number of single cancer pathway patients waiting over 62 days**



In January 2025 there were 468 patients waiting over 62 days to start treatment against the trajectory of 346. The trajectory has only been met once since April 2023.

**Key challenges / issues**

**Single cancer pathway**  
 The legacy impact of both Radiology reporting delays and loss of capacity within the skin pathway have impacted performance since August 2024. There was an improved position in December 2024 with performance trajectory on track for 65% by March 2025.

Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (radiology and dermatology) which have limited resilience to sickness/absence.

**Backlog**  
 Backlog increased again in January, affecting LGI (lower gastrointestinal) and Urology pathways. Over 100 are attributable to Radiology with over half in LGI expected to recover in line with recovery plan commencing mid February (200 patients over 4 weeks). 59 Local Anaesthetic Transperineal Prostate (LATP) Urology, additional activity in place February until 50% sustainable increase in capacity commences end of February 2025.

**Key actions / initiatives**

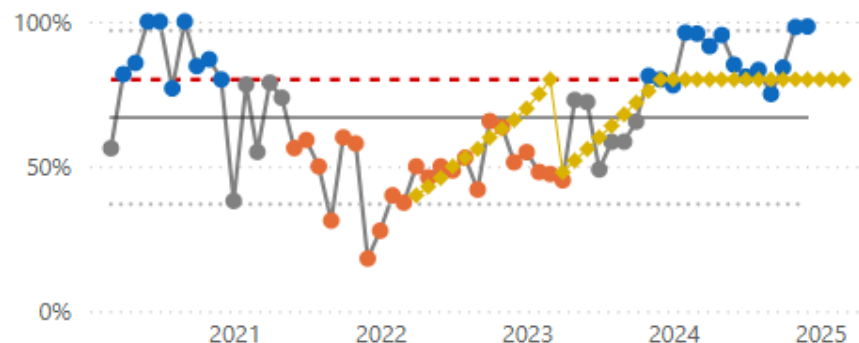
- Confirmed funding for 6 sessions per week for Computed Tomography (CT) radiology reporting in place until end of March 2025. Commenced 5th October 2024 (122 reports per week). This additional capacity will reduce the single cancer pathway radiology diagnostic waits.
- Additional resources prioritised for 200 patients for CT Scans now agreed to be delivered in Q4 as agreed in IQFPD to be resourced via recovery funds. To commence 17<sup>th</sup> February 2025
- Short term recovery plan in place for Skin pathway during September/October. Confirmed plan to increase treatment capacity from 30 patients to 50 patients per week in place to end of March 2025.
- Additional resources prioritised for 50 patients awaiting a LATP biopsy agreed to be delivered by end January 2025 ahead of planned sustainable increase of capacity of 50% beginning in February 2025.
- Planning in place to deliver improvements in the Prostate Cancer Diagnosis (PROSTAD) Pathway and increase of nursing Cystoscopy workforce as per successful allocation of Wales Cancer Network (WCN) Cancer Recovery Monies.
- Focus on Gynaecology recovery – Clinically led action plan in place, smart measurable actions developed and monitored via weekly focus group with NHS Exec including additional 2 One stop clinics to be implemented beginning March 2025

**Due date**

- 31/03/25
- 31/03/25
- 31/03/25
- 31/03/25
- 31/07/25
- 31/03/25

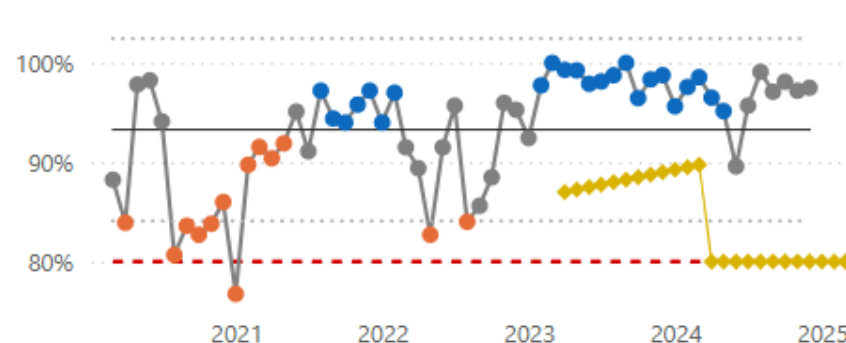
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)**



Latest performance of 98.3% is showing special cause improving variation and the trajectory and target of 80% were both met.

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)**



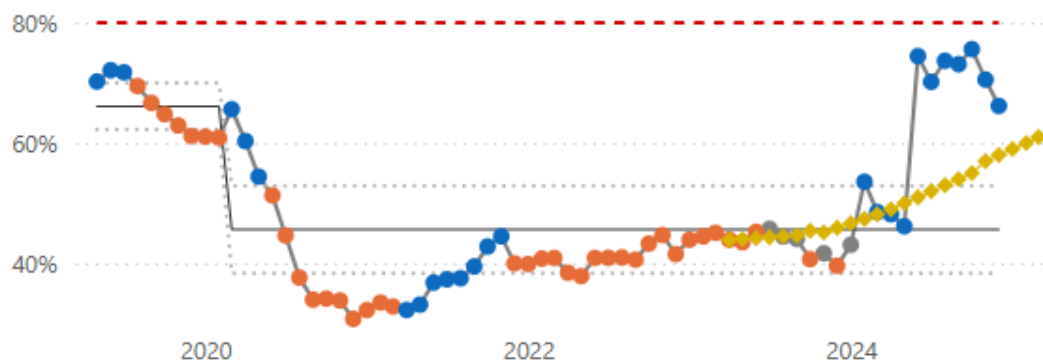
Latest performance of 97.5% is showing common cause variation and the trajectory and target of 80% were both comfortably exceeded.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):</b> 59 of 60 interventions commenced within target in December, with an additional ten interventions of children and young people relative to November.</p>	<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):</b> The team have implemented a new system to provide more robust oversight to ensure ongoing compliance is maintained. We continue to trial group work programmes and approaches. However, patients have historically been reluctant to take up online group work and online individual work and vastly favour one-to-one appointments resulting in longer caseloads.</p>	28/02/25
<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):</b> Groups are now underway and are supporting compliance. Estates access continues to be challenging across the three counties. LPMHSS referrals have slowed since November in line with expected levels.</p>	<p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):</b> During November and December the service has experienced a higher-than-average sickness rate which has impacted on service provision, however, staff endeavour to ensure compliance with the measure targets.</p>	28/02/25

**Key**

- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**% adults waiting <26 weeks to start a psychological therapy**

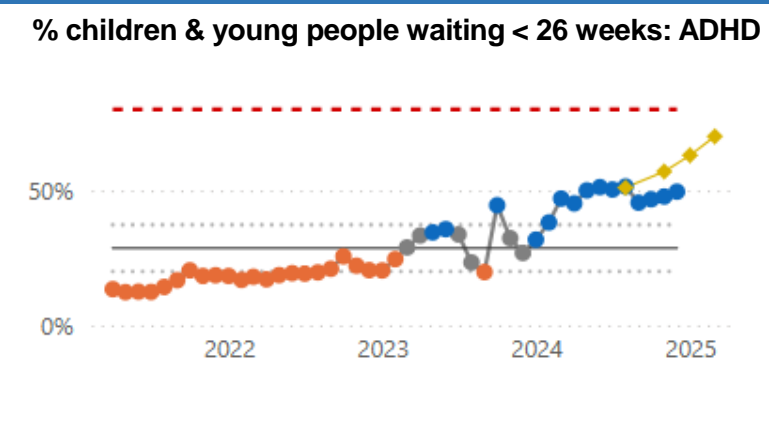
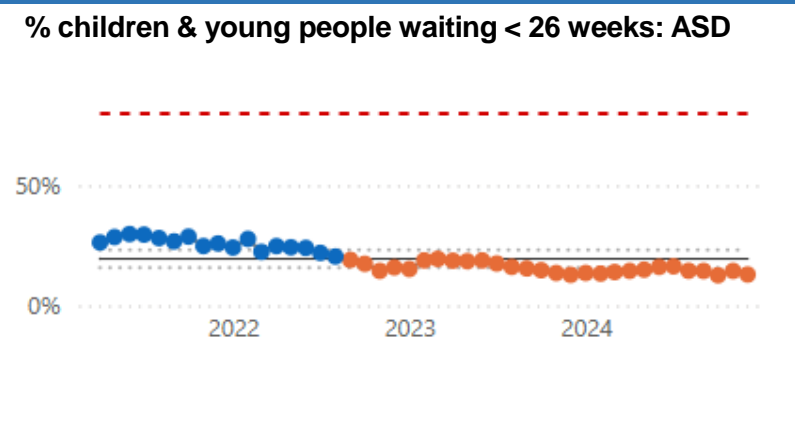
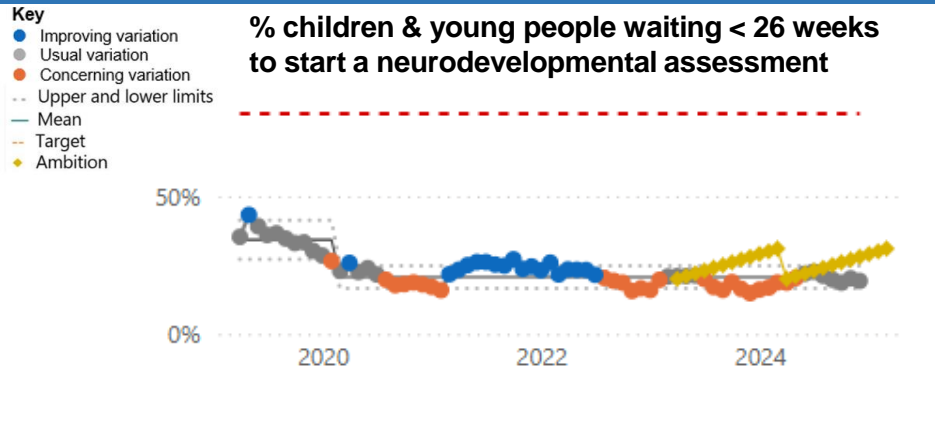


- Performance in December of 66.2% shows improving variation and the trajectory of 58% was met.
- 446 out of 628 (71%) patients started an integrated psychological therapy;
- 5 out of 12 (41.7%) started an adult psychology assessment;
- 30 out 87 (34.5%) started a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Integrated Psychological Therapies Service (IPTS):</b> There has been a reduction in our compliance by approximately 3.9%. The drop in compliance directly links to the time between the end of the last round of groups to the current round, where clients have moved above the 26 week wait.</p>	<p><b>IPTS:</b> Progression towards a prudent and tiered approach to high intensity intervention remains underway to support the increase in demand, however this is a cultural shift that requires effective planning. We have received a small amount of financial support from Welsh Government to increase the number of groups which are planned to commence imminently.</p>	31/03/25
<p><b>Adult Psychology:</b> The Psychology Adult Mental Health workforce is difficult to recruit to. A large geographical area can mean that access is limited in some areas given small staffing numbers. Additional clinical time has also been recently made accessible to the service.</p>	<p><b>Adult Psychology:</b> Grow your Workforce plans are in place. This is a long-term initiative that has been supported by Health Education and Improvement Wales with vacancies recruited. We continue to operate a Health Board waiting list rather than one based on locality offering remote and face to face appointments, thereby increasing access and options for those waiting.</p>	31/03/25
<p><b>Learning disabilities:</b> Psychologists are care co-ordinating a higher number of very complex cases and court protection work which takes up clinical time. There was long-term sickness within the team in November who have since returned.</p>	<p><b>Learning disabilities:</b> Practitioners across the service are utilised to prioritise most urgent cases.</p>	28/02/25

# Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in December 2024 of 19.3%, shows common cause variation and the trajectory of 28% was not met. Performance is driven by ASD, where 453 of 3,499 (12.9%) patients had an ASD assessment < 26 weeks. 362 out of 731 (49.5%) patients had an ADHD assessment <26 weeks.

## Key challenges / issues

**Autism Spectrum Disorder (ASD):** The current waiting list for an ASD assessment stands at 3,499 with longest wait times of 4.75 years. Demand for assessment has increased year on year, ranging from an average of 20 referrals per month in 2016 to an average of 116 referrals per month in 2024. All-Wales Procurement controls across Health Boards impede timely utilisation of additional Welsh Government monies to help tackle waiting lists.

**Attention Deficit Hyperactivity Disorder (ADHD):** The significant uplift in referrals for an ADHD assessment continues and the service has seen a 100% increase in one year. In 2023/24, ADHD referrals averaged approximately 28 per month whilst in 2024/25 year-to-date the average monthly referral rate is 56. Increase in demand outweighs the ADHD capacity within the service of 40 per month. Furthermore, clinic room capacity across sites is a significant challenge with longer term solutions being explored at Bandi and Puffin.

## Key actions / initiatives

**ASD:** A procurement exercise to outsource ASD assessments to address waiting lists is in its final year, with 445 diagnostic assessments for children and young people by March 2025. Timing of referrals uploaded are in accordance with financial controls and monthly contract monitoring meetings are in place. Additional monies of £312,000 have been awarded by Welsh Government to help tackle waiting lists - securing 182 additional assessments. A further 100 assessments are to be outsourced using Neurodivergence Improvement Programme and Regional Integration Fund slippage funds up until March 2025. All clinical posts are recruited into, with no retention issues. Introduced skill mix to teams to attract more interest in specialist roles and to promote a 'grow your own' culture. Two support worker roles have been created.

**ADHD:** To achieve the target of 80% of children and young people waiting less than 26 weeks by 31st March 2025, the service would need to increase core capacity significantly. This would require the provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device is available to carry these out across the counties and limited HCSW staff are trained to use these. Funding streams are being sought to support the purchase of additional devices and would require additional recruitment. The service is exploring the use of 'The Portsmouth Model' which, if found to be suitable, may reduce delays in diagnosis and demand on QB testing. There is a post to advert that if successful would see the Recruitment of one whole-time equivalent Community Paediatrician in BGH. Continue to flexibly manage clinic capacity and match demand through rigorous job planning.

## Due date

31/03/26

31/03/26

# Diagnostic waits over 8 weeks

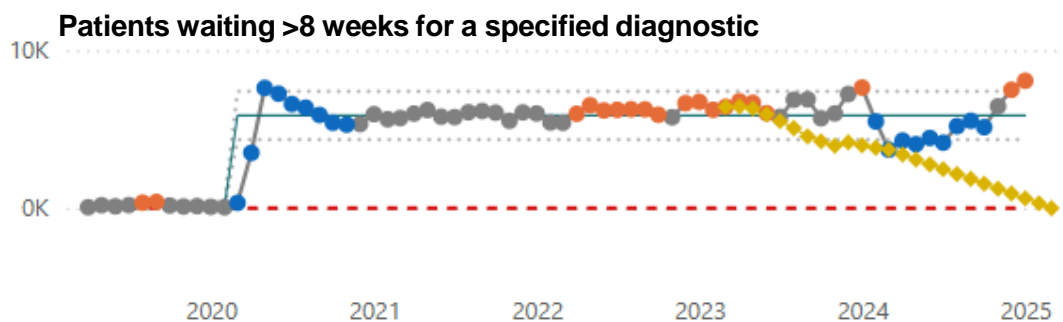
(Ministerial priority)

**Key**  
 - - - Upper and lower limits  
 — Mean  
 - - - Target  
 ● Ambition

**Variation - how are we doing over time**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation

**Assurance - performance against target**  
 ■ Always hitting target  
 ■ Hit and miss target  
 ■ Always missing target

**Trajectory - performance against our ambition**  
 ◆ Trajectory met  
 ◆ Within 5% of trajectory  
 ◆ More than 5% off trajectory



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Nov 2024	8,068	●	■	◆
Radiology		7,108	●	■	n/a
Cardiology		586	●	■	n/a
Endoscopy		216	●	■	n/a
Neurophysiology		124	●	■	n/a
Imaging		21	●	■	n/a
Phys measure		13	●	■	n/a

Performance in January is showing concerning trend. Breaches are higher than any time over the previous five years and the trajectory of 619 was not met. Main driver is Radiology performance, 88% of all breaches are attributed to Radiology.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Endoscopy:</b></p> <ul style="list-style-type: none"> <li>Endoscopy theatre nursing staff fragility, due to short term sickness and gaps in the staffing establishment budget.</li> <li>Stability of consultant workforce affecting provision of core capacity.</li> <li>Capital replacement programme – ageing/fragile scopes replacement.</li> </ul>	<p><b>Endoscopy:</b></p> <ul style="list-style-type: none"> <li>Continue to run 5 additional sessions per week (funded via recovery money) to uplift core capacity and 7 designated core sessions per week to reduce the backlog of patients over 8 weeks.</li> <li>Productivity dashboard developed and being utilised to identify ongoing opportunities for improved utilisation of capacity.</li> </ul>	<p>31/03/25</p> <p>31/03/25</p>
<p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>Demand exceeding capacity for timely investigations and reporting.</li> <li>Reporting delays are causing delays in all pathways which is deteriorating the position. Cancer and inpatient reporting is being prioritised, and additional reporting lists being held for cancer pathway.</li> <li>Increase of 875 breaches from M9. Current breaches CT 1,234 (+318) MRI 3,350 (-3), NOUS 2,301 (+341)</li> <li>7,130 breaches in total. Highest ever breach position since data recorded via single instance of Radiology Information System (RadIS) (April 2019).</li> <li>Radiology received 356 more USC requests than in Dec and 2,254 more requests overall which is our highest increase since Jan 2024</li> </ul>	<p><b>Radiology:</b></p> <ul style="list-style-type: none"> <li>Welsh Government funding allocation has allowed planning of additional capacity in:                             <ul style="list-style-type: none"> <li>NOUS via insourcing started in February.</li> <li>CT- no appetite from substantive staff to undertake additional work, however CT locums are starting on 15/02</li> <li>MRI staffed mobile solution 9th Jan-3rd April 2025 will remove 2,184 patients.</li> </ul> </li> <li>Successful advertisement and appointment of trainee Sonographers under annex 21 rules</li> <li>Service fragilities, waiting list trajectories and longer-term staffing needs described in detail within the 2025/26 Radiology annual plan and accompanying SBAR requesting workforce investment.</li> </ul>	<p>31/03/25</p> <p>31/03/25</p> <p>31/03/25</p>
<p><b>Cardiology:</b></p> <ul style="list-style-type: none"> <li>Waiting list backlog</li> <li>ETT breach position increased due to temporary equipment failure at PPH.</li> </ul>	<p><b>Cardiology:</b></p> <ul style="list-style-type: none"> <li>Echocardiography (ECHO) - additional insourcing activity planned for February and March to achieve a breach-free position at the end of March '25;</li> <li>Ambulatory Monitors - in-house management of demand/capacity between sites planned for February and March to achieve a breach-free position at the end of March '25;</li> <li>Other Diagnostics (TOE, ETT, DSE) - in-house management of demand/capacity between sites planned for February and March to achieve a breach-free position at the end of March '25.</li> </ul>	<p>31/03/25</p> <p>31/03/25</p> <p>31/03/25</p>

# Therapy waits over 14 weeks

(Ministerial priority)

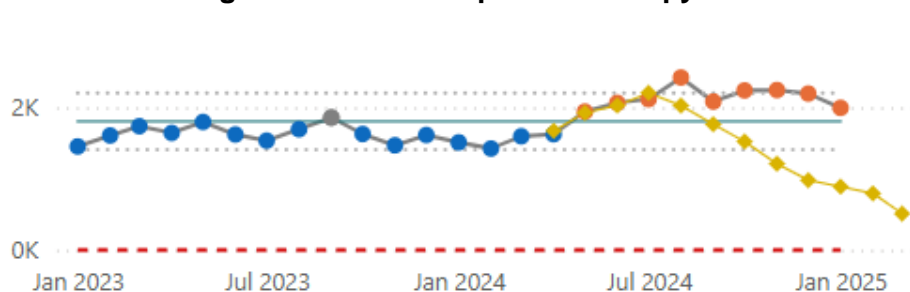
**Key**  
 - - - Upper and lower limits  
 — Mean  
 - - - Target  
 ● Ambition

**Variation - how are we doing over time**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation

**Assurance - performance against target**  
 ■ Always hitting target  
 ■ Hit and miss target  
 ■ Always missing target

**Trajectory - performance against our ambition**  
 ◆ Trajectory met  
 ◆ Within 5% of trajectory  
 ◆ More than 5% off trajectory

Patients waiting >14 weeks for a specified therapy



Overall breaches have reduced for two consecutive months and are the lowest since May 2024, however, concerning variation is showing in all but two services. Physiotherapy accounts for just over half of all breaches.

Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All*	January 2025	1,995	●	■	◆	68.2%
Physiotherapy		1,040	●	■	◆	99.5%
Podiatry		523	●	■	◆	63.2%
OT		321	●	■	◆	24.4%
Dietetics**		58	●	■	◆	74.4%
Art therapy		46	●	■	◆	n/a
SALT		7	●	■	◆	100%
Audiology*		1,636	●	■	n/a	n/a

\*Data for all therapies now excludes Audiology

\*\*Dietetics now excludes waits for Weight Management Service

## Key challenges / issues

## Key actions / initiatives

## Due date

**Physiotherapy:**

- Demand in Musculoskeletal (MSK) and some areas of community is greater than capacity.
- Some parts of the system (E.g. MSK Carmarthenshire) are having challenges with certain grade of registrant recruitment.

**Physiotherapy:**

- Targeted workforce campaign for band 5 registrant posts with a view to securing candidates to offset turnover later in the year. Campaign has been initiated.
- Development of a bank system for registrants at Band 5 and 6. Five whole time equivalent (WTE) band 5 posts offered. Aiming for completion of recruitment process by 17th March 2025.
- Extend current agency and recruit up to 7 WTE to support recovery.

30/09/25  
 31/03/25  
 31/03/25

**Occupational Therapy (OT):**

- High number of breaches in paediatrics due to backlog and demand.
- Staff going on maternity leave in February and March 2025. Backfill recruitment underway to minimise impact or reduced capacity.

**Occupational Therapy:**

- 321 breaches, continuing to track near to our trajectory.
- High number of breaches in paediatrics due to backlog and demand, with a focus on prioritising caseloads and recruitment to address capacity shortfalls.

Ongoing

**Podiatry:**

- Impacted by recruitment issues and chronic vascular / diabetic foot pathology demand.

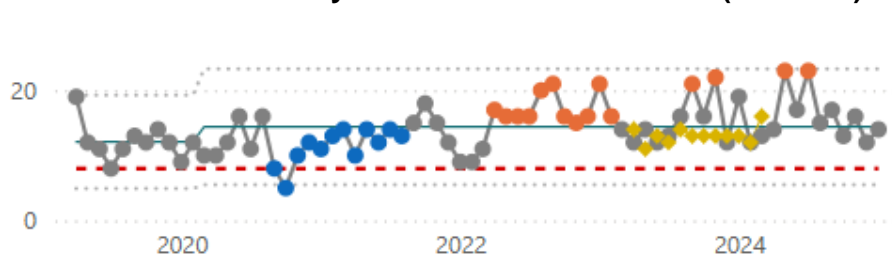
**Podiatry:**

- Actions to address include constant staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and telephone triage.
- Long term plan needs to be agreed to avoid podiatry service having a reduction from its 48 whole time equivalent (WTE) staffing position. Podiatry and Orthotics have been reduced effectively by 2 WTE which has happened this year with subsequent performance deterioration.

Ongoing

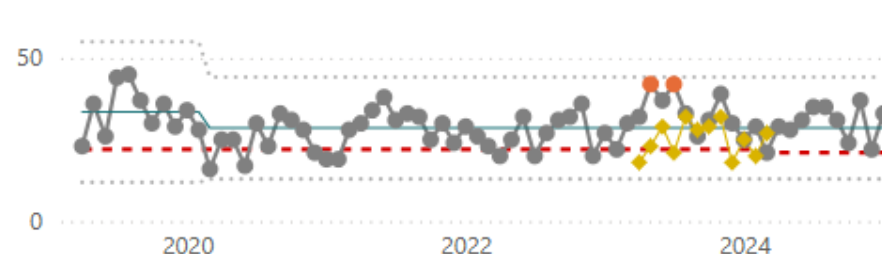
- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**Number of laboratory confirmed C.difficile cases (in-month)**



The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 50.8.

**Number of laboratory confirmed E.coli cases (in-month)**

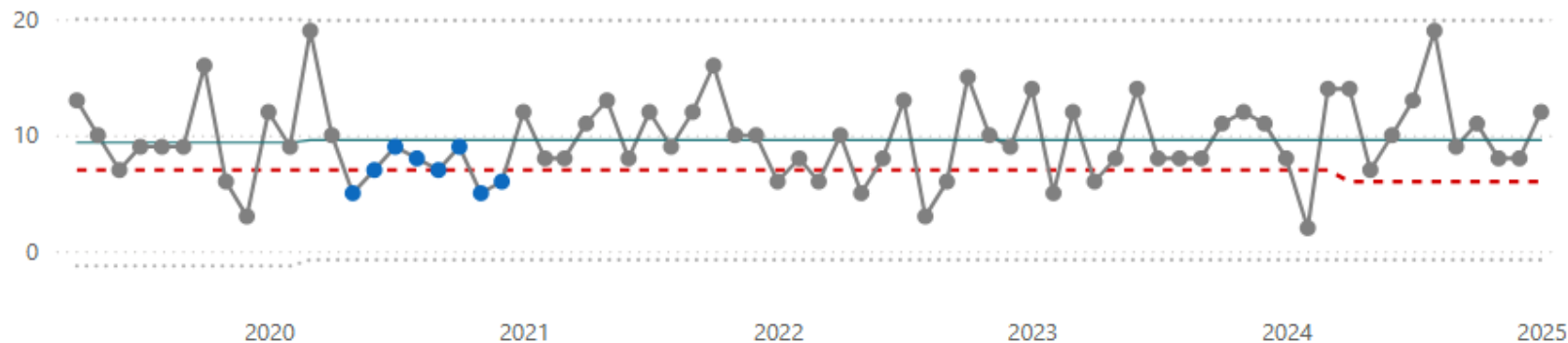


The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 94.47.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>C.difficile:</b></p> <ul style="list-style-type: none"> <li>• Case numbers have increased during 2024/25 reporting cycle, not just within Hywel Dda (HD) but increases noted across all Health Boards across Wales compared to last year's data.</li> <li>• Within HD, we have concerns regarding cases of cross infection of C.difficile within hospital sites, specific clusters have been identified in PPH and GGH.</li> <li>• 6 Hospital onset (HO) cases were recorded in December, increasing to 8 in January. The targeted intervention (TI) goal of 6 cases was not met for January 2025.</li> </ul>	<p><b>C.difficile:</b></p> <ul style="list-style-type: none"> <li>• C.diff infection (CDI) Improvement Group established with Deputy medical director chairing.</li> <li>• Continued use of DiffX and HPV disinfection, working collaborative with hotel facilities and estates</li> <li>• Scrutiny of cases and any linked cases. Cases that were not linked in time or person to suggest a transmission event and have been reviewed accordingly</li> <li>• Genome sequencing has been completed, strains are those already circulating within the HDUHB</li> <li>• Existing actions are being revisited</li> <li>• Planned deep clean and use of HPV for PPH and GGH once surged areas de-escalated.</li> </ul>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>31/03/25</p>
<p><b>E.coli:</b></p> <ul style="list-style-type: none"> <li>• April 2024 to August 2024 has seen a consistent increase in cases across hospital and community.</li> <li>• A higher proportion of cases are that of community onset compared to hospital onset. • 2024/25 data presents fewer cases than last year for the same period.</li> <li>• 5 HO cases were recorded in December, less than November. The TI goal of 5 cases was met in December and January with January having 0 cases meeting the Hospital Onset definition.</li> </ul>	<p><b>E.coli:</b></p> <ul style="list-style-type: none"> <li>• Continued education of staff around catheter and device care</li> <li>• To continue to profile ANTT</li> <li>• Discussion of HO cases at scrutiny meetings to ascertain learning which is shared</li> <li>• Environmental cleanliness reviewed linking to C.diff program of work</li> </ul>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

- Key**
- Improving variation
  - Usual variation
  - Concerning variation
  - Upper and lower limits
  - Mean
  - Target
  - Ambition

**Number of laboratory confirmed S.aureus cases (in-month)**



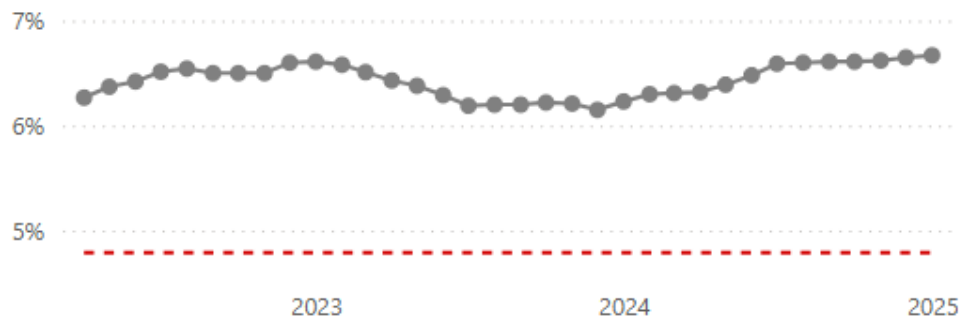
The chart is showing expected (common cause) variation for the in-month number of s.aureus cases.  
The cumulative rate per 100,000 population this month is 34.07

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>• S.aureus cases in the HD have followed the All Wales trend and have continued to fluctuate month on month however cases have increased compared to the same period last year which matches the all Wales trend.</li> <li>• The majority of cases continue to be that of community onset rather than hospital onset.</li> <li>• Case number have steadily increased from November to January for Hospital onset. 2 in November 3 in December and 4 in January.</li> </ul>	<ul style="list-style-type: none"> <li>•Some improvement in ANTT compliance with December figure 80.05%</li> <li>•PVC bundle compliance monitored, with an emphasis on devices being removed at the earliest opportunity</li> <li>•Learning from events for HCAI assurance meetings are reviewing cases of staph aureus bacteraemia infections for learning from events that can be shared across directorates and sites</li> <li>•Bare below the continues to be proactively profiled with all staff groups</li> </ul>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

**Key**

- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**% staff sickness rate (12 months rolling)**



In January 2025, the rolling 12-month staff sickness absence was 6.67%.

Highest levels of sickness absence for teams with over 50 staff:

Team	Staff	R12m %	In-month %
Prince Philip Hotel Services	(73 staff)	<b>15.1%</b>	(13.8%)
Glangwili Hotel services	(141 staff)	<b>14.3%</b>	(16.8%)
Prince Philip Acute Response	(56 staff)	<b>14.1%</b>	(12.9%)
Withybush Hotel Services	(150 staff)	<b>12.9%</b>	(14.6%)

**Key challenges / issues**

**Conditions impacting absence rates include:**

Although anxiety, stress and depression continues to account for the highest reasons for absence across the Health Board there has been a slight reduction in December 2024 to 30.3%. But there has been an increase in the instances attributed to cold, cough, flu to 16.35% which remains the second highest reason for staff sickness absence.

**Review Outcomes:**

Focused support from the Workforce Team and an action plan has been implemented within Facilities in Glangwili Hospital, further analysis and support is now being focused on Unscheduled Care in Prince Philip Hospital.

The Workforce Sickness Absence Advisor has developed a program of works focusing on deep dives into prevalent high sickness areas with focus on managers understanding of the sickness absence process and how best to support their staff, with bespoke action plans/additional training devised to support.

**Key actions / initiatives**

**Task & Finish Group action plan** in place. The group has now concluded. A large volume of actions have been implemented, and remaining activities have been integrated into workstreams of the relevant department within Workforce & Organisational Development, to be carried forward as business as usual.

**Temporary redeployment guidance** remains under review as an All-Wales guidance on redeployment and temporary redeployment has been circulated for comment. Skills training analysis to be embedded in the redeployment/temporary redeployment process to improve development and opportunities.

**Passport for reasonable adjustments** to be rolled out. Awaiting feedback from stakeholder groups.

**Bite size training sessions** in development to focus on single elements of the absence management process. Individual training subjects have been identified and are currently under review by the Senior Workforce Team with a view to progress with support from the Learning and Development team.

**The Welsh Health Circular (17) Non-Pay Health & Wellbeing Group** a final report on progress of the action plan has been submitted to PODCC. The designated teams within this group will continue to deliver their elements of the action plan to support a reduction in sickness absence as per business as usual.

**Due date**

31/01/25  
Complete

28/02/25  
(revised)

28/02/25  
(revised)

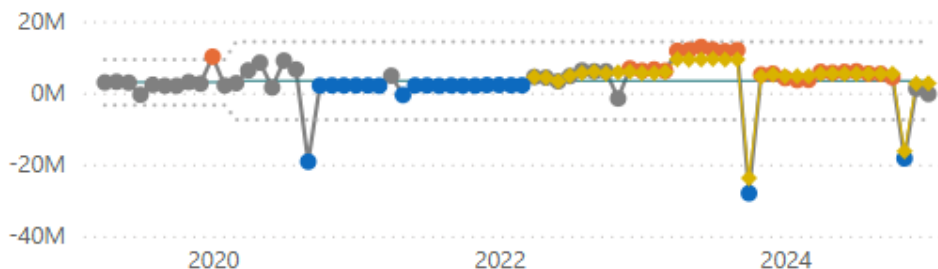
28/02/25  
(revised)

26/01/25  
Complete

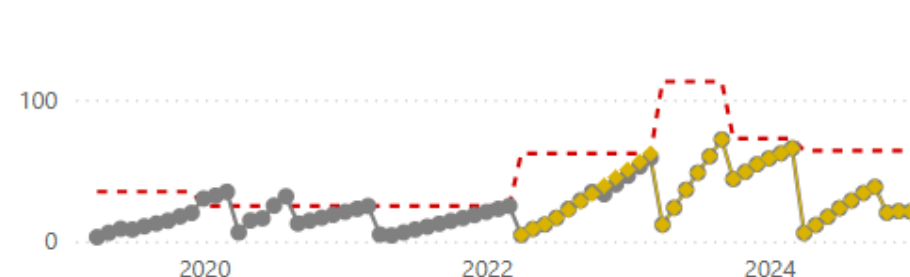
**Key**

- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Financial in-month deficit**



**Financial deficit (£m) – year to date**



**Key challenges / issues**

**Key actions / initiatives**

**Due date**

The Month 10 financial position is a surplus of £0.3m, which is an improvement against the in-month Deficit Plan of £2.6m.

- With an improving run rate trend, and several financial improvement actions in progress, urgent management action is required to formally recognise recurrent savings schemes to close the recurrent savings gap before the end of March 2025. Whilst the 2024/25 outturn is favourable against the restated annual plan, the underlying deficit is materially adverse due to the continued reliance on non-recurrent actions.

31/03/25

The core operational variance to plan is £(2.7)m with the in-month savings target of £2.7m being successfully over-identified by £(0.4)m, with savings plans under-delivering against their planned benefits by £0.2m.

- Of the £20.0m Executive Team commitment made to identify robust recurrent savings delivery plans by December 2024, £19.0m of schemes have been identified. Further action is required to convert the ideas (£12.0m of the £19.0m) at pace into robust plans alongside additional assessments of underspending Directorates for conversion into recurrent savings. A risk is likely on the conversion factor reducing the £12.0m.

An over-reliance on non-recurrent savings in-year gives rise to a recurrent gap (£14.0m), which does not support an improvement in the underlying deficit as the starting point for the 2025/26 planning cycle.

- As part of the 2025/26 Annual Plan deliberations the underlying deficit impact is being reviewed. Due to the reliance on non-recurrent actions an opening delivery gap exists in next year's financial plan if not addressed, or a decision not taken to hold expenditure levels at the current run rate.

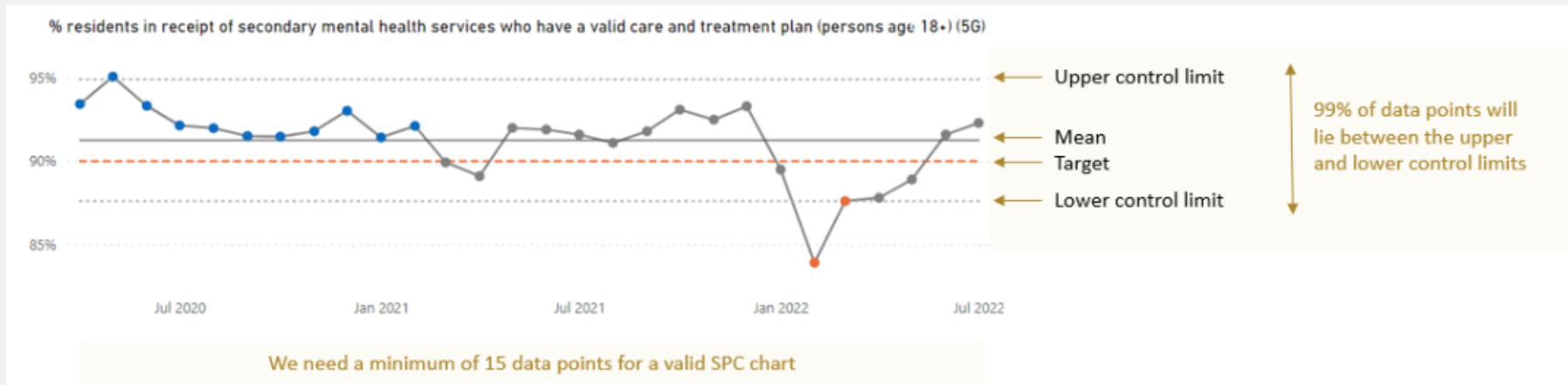
Following the latest review of the Health Boards end of year financial forecast position, the annual reported deficit has been improved by £4.0m to £24.0m. This recognises the improving trajectory previously signalled and the ongoing actions that are being managed across service areas.

- Escalation process – Performance levels of directorates, for six domains, is scrutinised through the internal escalation process. For the domain of Finance, Strategy and Planning, six directorates have been escalated to Level 3 (no assurance) for four consecutive months or more. An urgent recovery plan is required from each directorate, and assurance cannot be taken that there is an imminent improvement trajectory in place.
- Medical Additional Cover and Premium – Continued use of premium locum and agency to cover sickness, annual leave rota planning, and gaps within rosters. Rate Card proposals required with LMC and exit strategies for reliance on premium cover to support service sustainability.
- The Health Board acknowledges the conditions assigned to the allocation of the conditionally recurrent funding received in 2024/25. Initial assessments of the financial challenge for 2025/26 indicates both a significant risk in the delivery of the required recovery trajectory and mitigating a net macro-economic and growth impact following the budget allocation confirmation to ensure this funding can be made recurrent

## Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

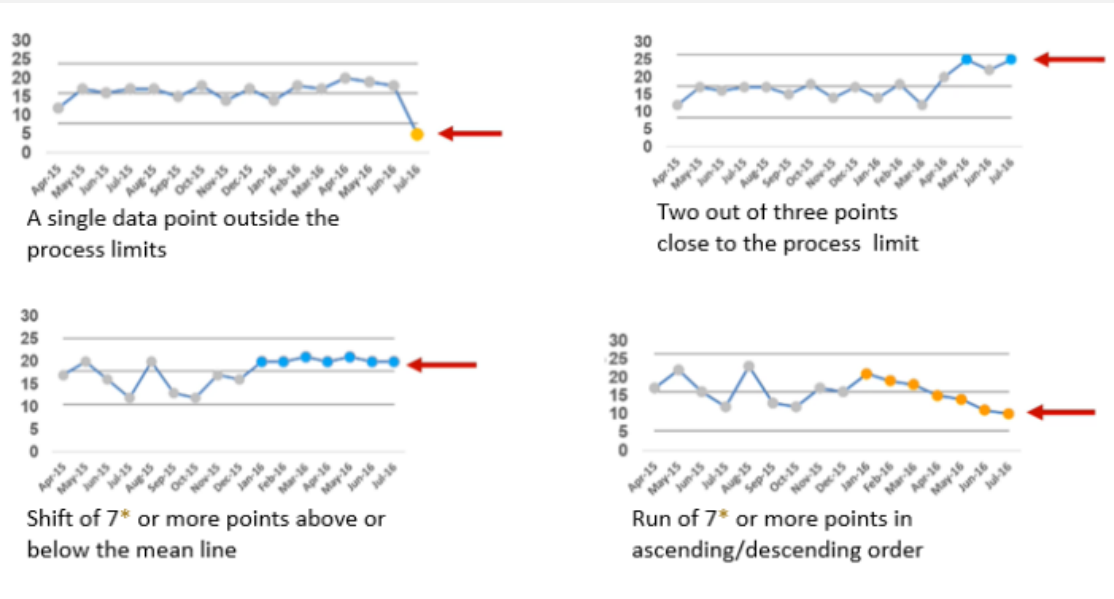
## Anatomy of a SPC chart



## Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

We are using the Making Data Count approach for SPC charts. There are 4 rules:



\* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

## Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e. one for variation and another for assurance.

<b>Variation</b> How are we doing over time	●	Concerning trend = a decline that is unlikely to have happened by chance
	●	Usual trend = common cause variation / a change that is within our usual limits
	●	Improving trend = an improvement that is unlikely to have happened by chance
<b>Assurance</b> Performance against target	□	Missing target = will consistently fail target without a service review
	□	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	□	Hitting target = will consistently meet target
Note: remember <b>blue</b> is good, orange is <b>bad</b>		

Directorate Improving Together Sessions (DITS)

# Thematic Report

*November and December 2024*



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Contents

1. Background
2. Directorate Improving Together Sessions meeting timetable
3. 3A assessment introduction
4. 3A assessment summary
5. Key issues identified by domain
6. Key actions taken since April 2024
7. Other key achievements
8. Resulting actions and support from the DITS meetings
9. Learning

# Background

Improving Together is the Health Board's approach of embedding performance improvement through our governance to drive forward improvements for our patients and our staff.

Directorate Improving Together Sessions (DITS) were introduced in January 2023. The DITS meetings give Executive Directors an opportunity to meet with leads from each directorate twice a year to discuss key priorities and areas of concern.

This report summarises the DITS meetings held in November and December 2024. The meetings followed a standard agenda for all directorates ie planning for 2025/26, progress against the 2024/25 plan, a key item each directorate wanted to discuss, quality and safety, governance, workforce, finance, performance and key achievements.

For further information on DITS meetings see Appendix 3.



# DITS meeting timetable

Below is an overview of the schedule of DITS meetings that took place in November and December 2024.

Meeting date	Directorates			
07/11/2024	Cardiology	Pathology	Therapies	Strategy & Planning
11/11/2024	Finance, Digital and Performance			
14/11/2024	Bronglais Hospital Ceredigion County	Carmarthenshire County Glangwili Hospital Prince Philip Hospital		
22/11/2024	Nursing, Quality & Patient Experience	Workforce & OD	Pembrokeshire County Withybush Hospital	
25/11/2024	Central Operations	Public Health		
26/11/2024	Women & Children	Cancer & Oncology	Primary Care Medicines Management	GP Out of Hours
05/12/2024	Planned Care	Facilities		
19/12/2024	MH&LD			

The following directorates did not have DITS meetings in November or December 2024:

- **Therapies** – stood down by lead Executive Director
- **Medical** – rearranged for 6<sup>th</sup> February 2025
- **Long Term Care and Chronic Conditions** – stood down by lead Executive Director
- **Communications and Governance** – stood down by Executive Director for Performance

# 3A assessment introduction

During each DITS meeting, the Chair in consultation with Executive Team colleagues (or their nominated deputies), assigned one or more of the assessments below for each agenda item.

A summary of the 3A assessments for each directorate by agenda item is included on the next page.

Details of the 3A assessments with reasons by directorate is included in Appendix A.

## Assure

To note - there is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

## Advise

To monitor - there are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

## Alert

May require discussion - there is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

# 3A assessments summary

November and December 2024

Assure	To note
Advise	To Monitor
Alert	May require discussion

Note: some directorates had more than one 3A assessment per agenda item, the most concerning ranking for each agenda item is reported below.

Directorate	2025/26 Annual Plan preparations	Progress against the 2024/25 plan	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance and Outcomes
Bronglais Hospital	Advise	Assure	Advise	Advise	Advise	Assure	Assure	Alert
Cancer and Oncology	Advise	Alert	Assure	Assure	Assure	Alert	n/a	Alert
Cardiology	Advise	Advise	Assure	Alert	Assure	Assure	Assure	Alert
Carmarthenshire County	Advise	Advise	Alert	Assure	Advise	Alert	Assure	Alert
Central Operations (excludes GP OOH)	Alert	n/a	Advise	Assure	Advise	Alert	Advise	Alert
Ceredigion County	Advise	Assure	n/a	Alert	Advise	Assure	Assure	Assure
Facilities	Alert	n/a	Assure	Advise	Alert	Alert	n/a	Alert
Finance, Digital and Performance	Assure	Assure	Assure	Advise	Advise	Advise	Advise	Advise
Glangwili Hospital	Advise	Advise	Advise	Assure	Advise	Alert	Advise	Alert
GP Out of Hours	Alert	n/a	Alert	Advise	Alert	Advise	n/a	Advise
Medicines Management	Assure	n/a	Advise	Advise	Assure	Alert	Advise	n/a
Mental Health & Learning Disabilities	Alert	Alert	Alert	Advise	Alert	Alert	Alert	Advise
Nursing, Quality & Patient Experience	Assure	n/a	Advise	Advise	Alert	Alert	Assure	Alert
Pathology	Advise	Assure	Assure	Advise	Assure	Alert	Alert	n/a
Pembrokeshire County	Advise	Assure	Assure	Assure	Advise	Alert	n/a	Advise
Planned Care	Advise	Advise	Alert	Alert	Advise	Alert	Advise	Advise
Prince Philip Hospital	Advise	Advise	Assure	Assure	Advise	Alert	Assure	Advise
Primary Care	Advise	Advise	Advise	Assure	Advise	Assure	Alert	n/a
Public Health	Advise	Advise	Assure	Assure	Advise	Assure	n/a	Advise
Strategy and Planning	Advise	Alert	n/a	Assure	Assure	Assure	n/a	n/a
Withybush Hospital	Advise	Assure	Advise	Assure	Assure	Alert	n/a	Alert
Women and Children	Alert	n/a	Advise	Advise	Advise	Alert	Advise	Advise
Workforce and Organisational Development	Assure	Assure	Assure	Advise	Assure	Assure	Advise	n/a

# 3A assessment summary (2)

## Our most challenged directorates (alert assessments)

### Mental Health and Learning Disabilities

- Significant gaps in savings plans for 2024/25 and 2025/26.
- Concerns regarding the governance for investigating complaints and incidents.
- Workforce concerns for overdue pay progression and medical staff job planning.
- Long term model required to address demand and capacity for neurodevelopmental assessments.

### Facilities

- Planning for 2025/26 identified several concerning areas. This includes strengthening of management/support roles, which is also resulting in poor compliance for workforce related measures.
- Performance improvements needed in cleanliness audits of high-risk areas.
- Laundry spend and high levels of variable pay spend need to be addressed.
- Recurrent savings for 2025/26 not yet identified.

### Cancer and Oncology

- Single cancer pathway performance is not achieving our 2024/25 Annual Plan ambitions. Insufficient radiology reporting capacity is having a significant impact.
- Financial plans are insufficient to meet savings target and medicines management model needs revision.

### Planned Care (includes Endoscopy and Neurology)

- Concerns regarding the governance for investigating incidents.
- Lack of compliance with external recommendations and Welsh Health Circulars.
- Savings requirements for 2024/25 not met and 2025/26 also at risk.

### GP Out of Hours

- Workforce stability concerns which is negatively impacting reporting workforce engagement and culture for incidents. Workforce plan urgently needed to address high number of locum posts.

## Directorate with the highest levels of assurance

### Workforce and Organisational Development (WF&OD)

- Strong progress evidenced for development of the 2025/26 Annual Plan.
- Assurance provided on the actions being taken to improve incident management.
- WF&OD are actively supporting directorates across the organisation with fragile services.
- An overall underspend is being forecast for the directorate's end of year financial position and the required 5% recurrent savings have been identified.

## Other directorates with 3 or more overall assessments of 'assure'

See Appendix A for further details.

- Bronglais Hospital
- Cancer and Oncology
- Cardiology
- Ceredigion County
- Finance, Digital and Performance
- Pathology
- Pembrokeshire County
- Prince Philip Hospital
- Public Health
- Strategy and Planning
- Withybush Hospital

# Key issues identified by domain

## Quality and safety

### Management of incidents and complaints

Whereas improvements have been seen across the Health Board during 2024/25, some directorates still have high numbers of incidents open over 120 days and complaints open over 30 working days.

Directorates are being strongly encouraged and supported by the Nursing, Quality & Patient Experience directorate to address this by 31 March 2025 so that the focus can shift from these process type metrics to areas of quality improvement eg falls, pressure damage, medication errors.

### Recording compliments

The Health Board receives many compliments from staff and patients. However, many of these compliments are not formally recorded. Staff are being actively encouraged to record compliments on the CIVICA system so that compliments can be better tracked and areas receiving high levels of positive feedback identified and acknowledged and congratulated.

### United Kingdom Accreditation Service (UKAS)

Delays from UKAS have resulted in delayed accreditation for our Pathology services. The directorate are actively following this up and a risk has been added to the corporate risk register.

### Hospital acquired infections

Further work needed to reduce cross infection and therefore the number of hospital acquired cases.

- C. difficile (C.diff) – 25% reduction maintained for three months. Latest rate per 100,000 population C. diff 51.70 (AW 49.63). Bronglais (BGH) and Worthybush (WGH) Hospitals had reported more infections than the previous year up to December, these have now returned to baseline. Glangwili (GGH) and Prince Phillip (PPH) Hospitals are reporting less C.diff infection than 2023/2024.
- S. aureus – total case numbers are higher to date than the same period in the last financial year. Breakdown: BGH and GGH reporting fewer cases. PPH and WGH reporting more cases.
- E. coli – total case numbers are lower to date than at the same period in the last financial year. Breakdown: BGH reporting higher cases consistently each month. All other acute sites reporting fewer cases, however there were spikes for PPH and WGH in December.

### Reporting culture for temporary staff

There is a high proportion of locum staff within the GP Out of Hours Service. Directorate leads flagged a concern that locum staff are less likely to report incidents and risks, which they are looking at ways to address.

# Key issues identified by domain

## Governance

### Number of high and extreme risks

As at 16 December 2024, the Health Board had 465 high or extreme live risks on the organisation's risk register.

There are several common themes across these risks which include, but are not limited to: workforce capacity, finance, the estate and demand exceeding our capacity to treat.

Further details are available via the [Our Performance Dashboard](#) (accessible to Hywel Dda Health Board staff only).

### Governance process with Facilities and Estates

The directorate have made good progress addressing issues identified external to the directorate eg Reinforced Autoclaved Aerated Concrete (RAAC) and WGH Creche. However, the directorate need to strengthen their internal governance processes to ensure any evolving issues can be identified and addressed at the earliest opportunity to minimise impact.

### Overdue audit and inspection recommendations

There are high numbers of overdue audit and inspection actions across the Health Board. Directorates with high proportions of overdue recommendations include Mental Health & Learning Disabilities, Pathology, Planned Care, Women & Children, Medicines Management, Central Operations, Digital, Director of Nursing, Director of Strategy & Planning and Medical Directorate.

Many recommendations are overdue owing to being accepted where not within our control or unrealistic timescales being proposed. Executive Team are actively encouraging directorate leads to ensure all new audit and inspection recommendations are properly considered with realistic timescales being set to address and any external dependencies clearly flagged.

# Key issues identified by domain

## Workforce

### Sickness

Sickness levels have been increasing across the Health Board for several months. We are seeing increases in both short term and long term sickness. Stress, depression and anxiety related conditions have been identified as a key reason for absence, with both work and personal related circumstances identified as the cause. The increasing sickness trend is not being seen in other Health Boards and is being investigated as a priority.

### Capacity and Financial Control Sub Group approval

Directorate leads identified capacity gaps for a variety of reasons eg sickness, vacancies, demand exceeding capacity. Challenges in obtaining vacancy approvals from Financial Control Sub Group was cited as a concern for several directorates.

### Overdue pay progression

Several directorates were flagged as having staff with overdue pay progressions ie approval had not been granted for them to move to the next step of their pay scale. Directorate leads were asked to address this as a matter of urgency to ensure the affected staff do not feel undervalued and demoralised.

### High staff turnover

Staff turnover ie staff leaving the Health Board, was flagged as being high for some directorates. Affected directorates were asked to investigate to determine if the high rates were for positive reasons (ie staff had been developed and supported to help enable them secure a promotion) or if there was a concerning pattern of staff leaving due to culture or other issues that need to be addressed.

### Medical job planning

The percentage of medical staff with an active job plan was flagged as being below target for some directorates. Leads were asked to address this as job plans are key in ensuring staff feel valued, have targets to work towards and can inform demand and capacity planning.

# Key issues identified by domain

## Strategy and planning

### Development of the 2025/26 Annual Plan

Directorates were at varying levels of progress towards completing their elements for the Health Board's 2025/26 Annual Plan. The work was being supported by corporate teams across the Planning, Workforce and Finance teams.

Common concerns highlighted by directorates:

- Ability to develop a plan to meet the required performance targets, whilst ensuring quality and safety levels are maintained or improved, within the given financial envelope.
- Potential for individual directorate plans to contradict or negatively impact another directorate(s).

The Planning Team were arranging a number of workshops for all directorates to ensure a Health Board approach was agreed and progressed.

### Commissioning capacity

Commissioning is the single largest cost centre across the Health Board. There is only one full-time member of staff in post to progress the commissioning agenda. The Deputy Director of Operational Planning and Commissioning also supports the commissioning work but has limited capacity due to other work priorities, including the role of Director for the Targeted Intervention Programme.

# Key issues identified by domain

## Finance

### 2024/25 budget and savings

For this financial year, all directorates have been instructed to have a breakeven or underspend end of year (31 March 2025) position and to identify 5% recurrent savings. This ask has been challenging for many directorates. The Finance directorate developed a Compendium of Variation which triangulates financial, performance and quality data to highlight variation and therefore potential areas of waste for directorates to investigate.

### 2025/26 savings

As part of the 2025/26 planning cycle, directorates have been allocated recurrent savings targets that need to be met in the next financial year. This will be more of a challenge for those directorates where savings identified in 2024/25 have been primarily non-recurrent.

### Increasing drug spend

A significant increase in prescribing, most notably primary care, has had a considerable impact on the Health Board's overall spend. The Medicines Management directorate are investigating reasons and potential actions that can be taken to address.

### Variable pay

Agency and bank use have been impacting our overall spend across many operational directorates. Work is underway to recruit to vacant clinical posts and eliminate variable pay. The number of agency staff shifts more than halved in November 2024 (1,662) compared to November 2023 (3,660).

# Key issues identified by domain

## Fragile services

### **A Healthier Mid and West Wales (AHMWW) Strategy**

Due to national funding not being available, we have not been able to progress with the new hospital element of the AHMWW strategy, which is impacting on services. Plans are underway to refresh the strategy.

### **Clinical Services Plan**

A process is being developed to identify fragile services across the Health Board. The Clinical Services Plan (CSP) is working to address the following fragile services which have already been identified:

- Critical Care
- Dermatology
- Emergency General Surgery
- Endoscopy
- Ophthalmology
- Orthopaedics
- Radiology
- Stroke
- Urology
- Primary Care and Community

### **Glangwili Hospital**

A targeted programme has been established to improve patient flow in GGH. GGH is our largest acute hospital which accommodates most of our pathways. Addressing the challenges in GGH should have a positive impact on many other directorates and patient pathways.

### **Neurodevelopmental services**

There has been a large increase in demand across England and Wales for neurodevelopmental services ie Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). The increase in ASD referrals is by far exceeding our capacity to treat these patients. We are working with the NHS Executive and other Health Boards to identify ways to address this issue.

# Key issues identified by domain

## Performance and outcomes

### **Radiology**

Our radiology reporting capacity is insufficient to meet the demand. This is having a negative impact on many areas including the single cancer pathway, Urgent & Emergency Care(UEC) patients and planned care pathways.

Some of the additional recovery monies provided by Welsh Government to address backlogs is being used to create more radiology reporting capacity, with cancer and emergency/urgent pathways being prioritised.

### **Urgent and emergency care**

Despite a range of actions (see next section) across our four acute sites and county teams, we are still not achieving the improvements across UEC that we had hoped. Ambulance delays and patient waits in our emergency departments are much longer than we want them to be. Patient flow within our acute hospitals is a key factor, as is an increase in the number of patients with more complex needs.

# Key actions taken since April 2024

Below is a summary of some of the key actions highlighted within the DITS meeting packs:

## **Carmarthenshire System** (Carmarthenshire County, Glangwili Hospital and Prince Philip Hospital)

- International Nurses Programme – 15 international nurses allocated between Glangwili and Prince Philip Hospitals to fill remaining vacancies within emergency departments and the clinical decision unit.
- Prince Philip Hospital Minor Injury Unit (MIU) - temporary overnight closure completed on 1 November 2024. MIU Operational/Project and Steering Groups now in place to support the future model (post six months).
- Improving Care for patients admitted as an emergency - Getting It Right First-Time (GIRFT) recommendations received and aligning to Transforming Urgent and Emergency Care (TUEC) plans, as well as the Busiest Day Review.
- Same Day Emergency Care (SDEC) – temporary reduction of opening hours at GGH due to address staffing shortfalls.
- Overtime and agency cost management – From 1 November 2024, no planned nurse agency across all nursing areas. A revised agency escalation process live from 1 November 2024. All other requests for agency need to be made 24hrs in advance. Removal of all Health Board enhanced banks. Emergency Department/ Clinical Decisions Unit, Acute Medical Admissions Unit (AMAU) Band 5 establishments aligned to offer fixed term contracts to all Band 5 bank staff. Central recruitment completed beginning of September 2024 with 12.8 Whole Time Equivalents (WTE) onboarding. No planned agency use by 1 March 2025.
- Community Accommodation Review – Full mapping exercise has been undertaken; detailed plan is now in place which involves decommissioning at some sites, reducing our footprint where appropriate, reviewing legacy leaseholds and building a new accommodation plan in 2025 to generate capital bid submission(s) for relevant sites. Pentre Arwel and Carmarthen Hwb Highlight Reporting is being tracked via the assigned project leads.

## **Ceredigion System** (Bronglais Hospital and Ceredigion County)

- Cylch Caron & Community model. The proposal was approved by the Board on 26 September 2024 following a public engagement exercise. The last in-patient was discharged from Tregaron hospital on 21 October 2024.
- Enhanced Practice development - The development of the Digital Ward (Hospital at Home / Enhanced Community Care) has commenced with a Standard Operating Procedure under development. The work aligns with the Transforming Urgent & Emergency Care (TUEC) approach.
- Community Nursing specification rollout - The Welsh Government target is to increase the number of community nursing staff at weekends to be no less than 80% of weekday staffing. A review with the community nursing staff took place earlier in the year. There is work underway to determine the value of having additional nursing staff working the weekend to determine where the additional weekend capacity should be placed for the most benefit.
- Palliative Care development. Further Faster funding has enabled the recruitment of a Lead Clinical Nurse Specialist (CNS) (0.5 WTE) to cover the three counties, the post was filled in July 2024. This has enabled each county to operate a seven-day service, which has led to more appropriate care as each county is far more familiar with their own caseload.
- Trial without catheter clinics are now operating in Aberaeron and Cardigan Integrated Care Centres as well as BGH Medical Day Unit.
- Integrated Health and Wellbeing Centre model development (Aberystwyth) – linking closely with Welsh Government Estates and Ceredigion County Council. The Regional Integrated Capital Regional Fund team have undertaken a broad scoping of the needs and possibilities for Aberystwyth Integrated Care Centre.
- Women's Health Psychology Service - Women's Health Psychology Primary Care Project – accepted onto Bevan Exemplar 2024 Programme. Women's Health Psychology Primary Care service accepted onto Spread & Scale Academy 2024.
- Community Joint Equipment Service Expansion. Work underway to ensure equity across the three counties.

# Key actions taken since April 2024 (2)

## **Pembrokeshire System** (Pembrokeshire County and Withybush Hospital)

- Safe and successful management of RAAC and provision of services which are on-going.
- Puffin Ward was utilised as an interim measure to support RAAC work on site.
- Reduction of in-patient bed numbers.
- Frailty Assessment Unit and Frailty SDEC opened.
- Elective Surgery restarted during 2024/2025. However, due to a number of challenges in maintaining efficiency and effectiveness, the decision was made between Scheduled and Unscheduled care to provide this through the Day Surgical Unit instead.
- Emergency Department Nurse recruitment – As part of the wider International Nurse Recruitment we have successfully recruited across the Directorate and stabilised the registered nursing workforce. We are still onboarding or expecting onboarding of five nurses with a further three posts out for advertisement. We have supported a significant and sustained increasing reduction in nurse agency usage.
- Rationalisation of contracts.
- Porth Preseli Implementation.
- Development of the Pembrokeshire Way and agreement of an integrated Pembrokeshire Alliance.

## **Cancer and Oncology**

- Accelerated imaging for gastrointestinal (GI) pathways achieved June 2024.
- Diagnostic efficiency: reducing trend for single cancer pathway patients in overall diagnostic waiting lists and those waiting over 28 days.
- Radial endobronchial ultrasound scan and biopsy (EBUS) commenced November 2024.
- Accelerated imaging in Lung commenced November 2024.
- Dedicated Cancer Therapies Service. The new service encompasses four pillars of support for people with cancer across the treatment pathway, reducing inequities in access to rehabilitation.
- Re-establishment of in-patient theatre pathways and exploration of local Systematic Anti-Cancer Therapy (SACT) production to enhance service capacity and reduce costs.
- Implement comprehensive improvement plans for each tumour site where demand exceeds capacity.

## **Cardiology**

Work underway to progress the following:

- Non-ST segment Elevation Myocardial Infarction (NSTEMI) and Heart Failure - achieve compliance with National Institute for Health and Care Excellence (NICE) recommended 72-hour pathway by Q4 2024/25.
- Identify and enact cost savings within Heart Failure to resource Value based Health care (VBHC) funded component by Q3/Q4 2024/25.
- Review, re-design pathway and develop strategies for Arrhythmia/Atrial Fibrillation and Chest Pain by Q4 2024/25.
- Develop a strategy, needed Health Board capacity for Computerised Tomography (CT) Coronary Angiography, Pacing and Myocardial Perfusion Imaging by Q4 2024/25.
- Review structure and develop a workforce strategy for Cardiac Physiology Strategy by Q4 2024/25.

# Key actions taken since April 2024 (3)

## Central Operations (excludes GP OOH)

- Decontamination - Maintain certification to ISO 13485 and medical device regulation audits. Maintain green status for the Institute of Healthcare Engineering & Estate Management (IHEEM) / Joint Advisory Group (JAG) endoscope decontamination audit.
- Clinical Engineering - successful re-certification of ISO 13485 Quality Management System (linked with the Tritech Institute) for the next three years.
- Medical Records - Relocation of private provider document storage resulting in £22k per annum saving so far. 400k records transferred to scanning partners for digitisation.

## Facilities

- Creche - All but one Care Inspectorate Wales (CIW) recommendations completed with positive reinspection and comments on issues addressed.
- RAAC – Site Operational award on the RAAC response with positive feedback across Welsh Government and NHS Wales Shared Service Partnership (NWSSP).
- Estate digitisation and Technology to reverse engineer our estate. Pioneering the development of Digital Twins to create virtual models of our estate.

## GP Out of Hours

- Consistent performance for P1 (priority 1) cases

## Medicines Management

- Controlled Drugs Licences granted for four Mental Health sites and provisionally granted for GP Out of Hours service and the Cardigan Same Day Urgent Care service.
- Staff have achieved Primary Care Pharmacy Technician of the Year 2024 by Association of Pharmacy Technicians UK (APTUK) and the Helen Tennant Award.
- Electronic prescribing has been implemented within two GP practices and connected pharmacies with three further sites scheduled to go-live in Q4 2024-25.

## Mental Health & Learning Disabilities

- 111 Option 2 is now operational 24/7 and working with colleagues nationally to implement Phase 2 plans.
- Specialist Child and Adolescent Mental Health Services (SCAMHS) part 1a and 1b targets continued to achieve compliance.
- Outsourcing of diagnostic assessments for Autism Spectrum Disorder (ASD) has seen 240 children and young people and 247 adult diagnostic assessments undertaken in the first year.
- The new well-being service is now fully operational, with well-being practitioners offering face to face therapeutic interventions.
- The newly commissioned Third Sector Framework for early intervention and prevention services is now fully operational through an open access process ensuring that individuals can access support when they need it.
- The new service model under the Learning Disability Service Improvement Programme is progressing with extensive coproduction and co-design with service users, carers/parents, staff and partner with support from Improvement Cymru.

# Key actions taken since April 2024 (4)

## Pathology

Completed actions:

- Implementation of Laboratory Information Management System (LIMS) 2.0 by Q1 2025/26.
- Development of regional pathology permanent service model by Q1 2025/26.
- Transfer Llanelli phlebotomy from Antioch to Dafen by Q1 2024/25.

Work underway to progress:

- Complete enabling works for blood science laboratory at GGH by Q3 2024/25.
- Modernising and standardisation of equipment within blood sciences across the Health Board by Q4 2024/25.
- Implementation of digital cellular pathology and artificial intelligence by Q4 2024/25.
- Implementation of digital morphology in diagnostic haematology by Q4 2024/25.
- Develop workforce plan for pathology by Q4 2024/25.

## Planned Care

- Outpatient waits over 104 weeks reduced by 4,000 compared to March 2022. No growth in 52-week and 36-week breaches in the last two years with positive indications for future recovery. Delivery plans forecast achievement of zero 52-week breaches by March 2025.
- Referral to Treatment waits saw no substantial growth in 52-week and 36-week breaches. Delivery plan aims for zero 104-week breaches by March 2025, although risks around delivery within Orthopaedics.

## Primary Care

Development of a Primary Care and Community Services Strategic Plan: Work to date

- Strategy Development Group meeting monthly.
- Primary Care and Community Services Issues Papers developed.
- Public and workforce engagement undertaken.
- Board update included as part of the Clinical Service Plan report November 2024.

Development of a Primary Care and Community Services Strategic Plan: Next steps

- Development of options for consultation/engagement.
- Strategic Plan to Board May 2025.
- Implementation plan developed.

# Key actions taken since April 2024 (5)

## Women and Children

Transfer of Withybush Hospital Creche from Estates and Facilities to the Women and Children's Directorate.

- Establish Withybush Hospital Creche Control Group, and the development of an action plan.
- The management and governance structures will transfer to the Women and Children's Directorate and is now in the process of being aligned to the portfolio of the Acute Paediatrics Service Delivery Manager (SDM). The SDM is working closely with the Local Authority representative to assess and plan for the future

## Finance, Digital and Performance

- Developed a detailed financial forecasting model incorporating numerous strategic factors.
- Consolidating retrospective analysis, medium-term planning and route map options to facilitate recognition of capacity needed to cope with demand in future years.
- Modelling of workstreams arising from Clinical Services Plan, A Healthier Mid and West Wales and community planning.
- Initial workforce modelling undertaken with support from Human Resources and Organisational Development.
- Developed a live Compendium of Variation resource for the Health Board.
- Engagement undertaken with senior clinical and operational leaders to raise awareness of financial topics.
- Appointment of a Strategic Transformation Partner to provide a multi-disciplined approach to transformation within Hywel Dda. The strategic partner will initially focus on the rollout of Electronic Prescribing and Medicines Administration (ePMA), Patient Flow and eObservations.
- We received a substantial rating from Internal Audit for the Digital Benefits Realisation framework.
- Over 53 million documents were made available electronically for clinical staff on an electronic document management system.
- Clinically Code Everything solution implemented for Emergency Department and Minor Injury Units activity, with an initial focus on attendances of over 24 hours.
- Tools have been produced to support strategic decision-making including forecasting, bed modelling, cancer planning, executive forecasts, outpatient Did Not Attend predictions, re-admission predictions, flow visualisers and mapping.
- We have been working with Aberystwyth University on a Human Digital Twin for personalised and proactive healthcare to help us accurately visualise, monitor, and optimise processes, services, and resources.

## Nursing, Quality & Patient Experience

- Reduction in harmful falls and work with pharmacy undertaken to reduce medication errors.
- Development of induction pack for all new starters to help with staff retention.
- Improved call response times due to implementation of call triage within Patient Advice and Liaison Service (PALS).
- Supporting Six Goals programme across sites and development of Red2Green dashboard.
- Waiting List Support Service (WLSS) now offered from point of listing. Over 16,000 patients provided Waiting Well support.
- Implementation of AMAT software for audit registration and implementation.
- Fragile services framework for identification and support developed. Register in development with Terms of Reference approved.

# Key actions taken since April 2024 (6)

## Public Health

Update against Strategic Objective 4: The best health and wellbeing for our communities. Objectives are either completed or on track.

- Establish forum and implement vaccination equity strategy.
- Establish forum and implement regional health protection plan.
- Deliver on National Immunisation Framework.
- Implementation of local tobacco control plan.
- Delivery of whole systems approach to healthy weight.
- Re-establish regional Children and Young People's governance forum.
- Progress the development of the Social Model for Health and Wellbeing.
- Retender Alcohol and Drug Use service.
- Develop framework for integrating equity and prevention into clinical service planning.
- Produce a form of Return on Investment to health services for a few key Public Health services.

## Strategy and Planning

- Strategic outline case for A Healthier Mid and West Wales strategy:
  - Submission of a Business Justification Case (BJC) to Welsh Government for a Carmarthen Hwb with Integrated Regional Capital Fund (IRCF) funding awarded.
  - Submission of a Finance Business Case (FBC) for Pentre Awel – Welsh Government funding awarded for equipment and digital costs.
  - Completed and submitted bid for progression of Picton Terrace – awaiting formal response to funding proposal.
- Clinical Services plan – Phase 2 (Options Development) of the programme is complete and Phase 3 (engagement and / or consultation) is underway.
- Primary Care and Community Services Strategic Plan – themes for Primary Care and Community Services Strategic Plan will be presented to Board in November 2025.
- TUEC: new governance structure implemented. Most programme deliverables completed for Quarter 2, with improving trajectories in pathways of care delays and ambulance handovers.

## Workforce and Organisational Development

- Significant work undertaken on drafting Workforce Plans for over 60 service areas.
- Linking of Workforce Plans into a themed Action Planner to plan for capacity across different staff groups.
- Reduced the gap of 400 whole-time equivalent nursing staff through the Nursing Stabilisation Programme which has led to the reduction in Nurse Agency Usage.
- A new staff retention group to focus on the retention of Allied Health Professionals and Health Care Scientists was established to mitigate workforce challenges.
- A significant increase in leadership and management support with the launch of the online INFORM management resource, the Hywel Dda Management programme, ongoing success of the Leadership Engagement with Awesome People (LEAP) programme and the new consultant development programme to strengthen leadership skills and knowledge.
- Collaboration with Swansea University to create Interprofessional Education and simulation opportunities which has staff and patient care.
- Improved data capturing to demonstrate the number of staff participating in development opportunities from previously under-represented groups.

# Other key achievements

Below is a summary of some of the other key achievements highlighted within the DITS meeting packs:

## **Carmarthenshire System** (Carmarthenshire County, Glangwili Hospital and Prince Philip Hospital)

- Reduction in nurse agency spend across Carmarthenshire.
- Emergency department and Acute Medical Admission Unit nurse recruitment.
- Closure of Y Lolfa ward in Glangwili Hospital.
- Closure of surge beds on Ward 5 Prince Philip Hospital.
- Recruitment of Frailty Advanced Nurse Practitioner (ANP) at Prince Philip Hospital.
- Repatriation Database developed.
- Development of virtual ward.
- Fracture Liaison Service.
- Intensive Therapy Unit (ITU) Level 1 Project – improved step-down process to ward area.
- Improved Junior doctor sickness reporting process/escalation with NHS Wales Shared Services Partnership (NWSSP) and variable pay scrutiny.
- Statement of Wishes – Project has become more multi-disciplinary in its delivery and is now being delivered across all three counties.
- National Community Nursing Service Specification – Improved compliance. Assistant Practitioners are now in post.
- Working with care homes to develop Future Care Plans for residents which incorporate advance care plans and statement of wishes. Calls to 999 directed also via the Home First Hub for a community response to attempt to avoid conveyance.
- Proactive work is underway with Long Term Care team for a pilot in a dual registered care setting to upskill their staff and improve confidence. This will reduce the number of district nursing hours spent on site.

## **Ceredigion System** (Bronglais Hospital and Ceredigion County)

- Nurse of the Year - Sister Bianca Oakley has been shortlisted for Nurse of the Year.
- Meurig Roof Repairs - Due to estates work and in collaboration with infection control we were advised to close the ward until works could be complete, this led to immediate collaboration with the Local Authority to secure a wing in a Local Authority care home which supported our medically optimised patient flow.
- Colorectal Length of Stay for Elective Patients reduced.

## **Pembrokeshire System** (Pembrokeshire County and Withybush Hospital)

- Trusted Assessor – Piloted and successfully embedded a trusted assessor model for reablement beds. Piloted and rolling out the Mental Capacity trusted assessor model.
- Trial without Catheter (12 month fixed-term) cluster funded project, commenced June 2024.
- Hospital@Home (H@H) - piloted and are now rolling out the regional model of a digital home ward which each County's H@H wards will utilise, however, in Pembrokeshire we have gone one step further and have a single H@H digital ward for Intermediate and SDEC patients as through our learning, we recognise the overlap with some cohorts of patient ie heart failure .

# Other key achievements (2)

## Cancer and Oncology

- Macmillan Quality Environment Mark (MQEM) award successfully maintained at Pembrokeshire Haematology & Oncology Unit (PHODU).
- Individuals and teams shortlisted for Moondance Cancer Awards with winners for Allied Health Professional services in two categories.
- Achievement Better Patient Experience - Prostate Active Care Together (PACT) Award for achievements in embedding holistic rehabilitation into prostate cancer pathway, 2) Non-Medical & Nursing Excellence Award won by Rachel Lewis, Allied Health Professional Lead.
- NHS Wales Awards 2024: Efficient Care Award won by the prostate pathway improvement initiative for the new Prostate Cancer Rapid Diagnosis Pathway (PROSTAD)
- Implementation Accelerated Imaging (AIM): Lung AIM change in process to deal with red -flagged referrals will result in a reduction to the diagnostic route of the patient's pathway by an average of 36 days and available at each acute site. Lower GI Accelerated Imaging established a same day staging CT Of The Chest, Abdomen, and Pelvis (CAP) for patients attending GGH with GI cancer diagnosed at endoscopy which has reduced waiting times.

## Cardiology

- Cardiology Quality, Safety, Assurance & Patient Experience (Governance) Group established.
- National Cardiac Audit Programme (NCAP) mandatory audits data collection.
- Atrial Fibrillation (AF) Project short-term funding - £288k 2024/25; £110k 2025/26.
- Recent successful recruitment to key appointments.

## Facilities

- ISO14001 re-accreditation awarded in November 2024.
- Risks in date and reviewed and audit inspection recommendation rates have consistently improved over the last four months leading to de-escalation based on performance.

## GP Out of Hours

- Face to face consultations are recovering following the Covid pandemic, up to 50% at a weekend in November 2024.
- Work to implement Adastra for Hywel Dda own use and reporting.
- Improved sickness absence management and processes around pay and shift allocation.

## Medicines Management

- Appointment into new innovative roles including Clinical Mentorship Pharmacists for the Strategic Programme for Primary Care and the Lead Pharmacist for Clinical Innovation and Value Based Healthcare.
- Developing relationships with directorates to share data to ensure Performance against Value and Sustainability recommendations are achieved with compliance with Medicines Value Unit targets recognised.

# Other key achievements (3)

## Mental Health & Learning Disabilities

- An Integrated Psychological Therapies Service (IPT) practitioner has achieved the Practice Supervisor Award at the recent Health Board Education Liaison Awards Ceremony.
- Crisis and Home Treatment support in Llanelli has been strengthened to support the temporary MIU closure at PPH.
- A Comprehensive Assessment Tool has been introduced and embedded to improve patient care and documentation within Community Adult Mental Health Services and inpatient areas.

## Pathology

- Blood sciences – Refresh, standardisation and validation of modern equipment across Hywel Dda. New lab has been completed within GGH. New digital morphology system installed. Maintained accreditation at PPH and WGH.
- Microbiology – maintained accreditation at WGH.
- Cellular Pathology - Successfully appointed two NHS locum Consultants. Digital BJC SBAR was approved at Public Board in January 2025.
- Mortuary - 2x staff members have passed their APT portfolio assessment and will undergo their practical end point assessment in November. Successful final sign off of Holding to Account (HTA) Inspection. Successfully secured £85k of discretionary capital to refresh mortuary equipment.
- Clinical Haematology - Successfully attracted a highly experienced Haematology Nurse to lead the CNS team and help develop the service. Have taken a change to our strategy and advertised for two subspecialist consultant haematologist posts for the first time.
- Training and Education - Equivalence funding approved for Support Staff completing Top Up modules and Part time Degree Course within BGH Blood Sciences. Equivalence funding approved for Support Staff completing Top Up modules within Withybush Hospital Microbiology.
- Higher awards Funding approved for an MSc Degree within GGH Blood Sciences.
- Blood Transfusion - First in Wales Mini Senior Student Assistantship (SSA) training session with new Foundation (F) 1 doctors was a success. Emergency funding for new Platelet incubator in GGH granted. Refresh and validation of modern equipment across the region, standardising services throughout Hywel Dda.

## Planned Care

- NHS awards 2024: Outpatients teams were winners in the equitable care category. Awards also received for improving prostate cancer outcomes.
- Endoscopy Joint Advisory Group accreditation. HDdUHB is the only Health Board in Wales to have JAG accredited endoscopy services.
- Outpatients achieved the Education Liaison Nurse Service award for commitment to nurse education, student learning and placement experience.

# Other key achievements (4)

## Primary Care

- Appointment of the first Consultant Pharmacist in Primary Care in Wales (Ash Grove Surgery).
- Agreement with Health Education and Improvement Wales (HEIW) to support the appointment of two GP Fellows.
- Introduction of locum GP rate cards in Managed Practices implemented with limited challenge generating greater interest in salaried GP roles.
- Pathfinder on Demand and Capacity modelling using Managed Practice dashboard.
- Appointment to key roles as part of the Strategic Programme for Primary Care (SPPC) fund supporting the implementation of the HEIW Primary Care Workforce Strategy.
- Optometry transition and transformation plans signed off by Welsh Government with funding allocated in Q3 and Q4.
- Implementation of the Dental Access Portal (DAP) in line with Welsh Government/Digital Health and Care Wales (DHCW) timescales.
- Enabling Quality Improvement in Practice (EQIIP) projects ongoing and focussed sessions being held with Clusters to drive the QI agenda.

## Women and Children

- Midwife received King's birthday honour.
- Bronglais Hospital Maternity unit – case study of good practice.
- Shortlisted and won a variety of professional accolades.

## Finance, Digital and Performance

- Recruited to Management Accounts and Core Processing teams to stabilise capacity.
- Established a Grow Your Own apprenticeship scheme with two local apprentices in post who have passed first exams.
- New Budget Holder Dashboard has been implemented and rolled out with a budget holder training package.
- Healthcare Financial Management Association (HFMA) Wales Rising Star awards awarded to two staff.
- Nominated for Finance Team of the Year in collaboration with NWSSP Finance.
- Reignited "High Five" badges recognition thankyou's within bi-monthly face-to-face team sessions.
- Hosted an All-Wales Lunch and Learn which was the highest attended session at 258.
- Improved the financial position across the organisation and expected to achieve our Financial Plan.
- Improvements in the availability of data via easily accessible, intuitive, suite of dashboards across recognised core areas (operational, clinical, workforce and finance) to cover user needs
- National and international recognition for our performance dashboards, including from Tower Hamlets College in London and Ontario Health in Canada.

# Other key achievements (5)

## Nursing, Quality & Patient Experience

- Nurse variable pay reduction by around 55% for registered nurses with revised escalation process in place.
- Delivery of orientation and preceptorship programmes to two cohorts of newly registered and international nurses.
- Review and ratification of registered nurse preceptorship programme agreed.
- Development of multi-professional medication errors policy, first in Wales.
- Quality Impact Assessment tool and governance process developed encouraging consideration of quality impact for strategic decisions.
- Concerns management central resource and toolkit developed, with increasing number of staff accessing training.
- Hywel Dda Charities improved data capture, work on visibility and review of fund structure to improve efficiencies.

## Public Health

- Comprehensive Health Board wide response to the Llanbrynmair train crash on 21 October 2024. A review of our major incident response and wider NHS Wales major incident communication process will follow as a result.
- Vaping Pathway developed for Children and Young People (CYP).
- New prevention, early intervention and treatment service for CYP at risk of substance misuse.
- Healthy Schools and Whole School Approach to Emotional and Mental Wellbeing– 100% of secondary schools completed self-evaluation 89% completed action planning as at June 2024.
- The Health Board have participated in a Making Every Contact Count Level training.
- Successful major incident training and table-top exercise delivered to the Mortuary team. Disaster Victim Identification training to be delivered by Dyfed Powys Police.
- Production of A Regional Collaboration for Health (ARCH) Health Needs Assessment to inform the Clinical Services Plan and the Primary Care and Community Strategy.
- Leading work on Evidence Based Interventions relating to Procedures of Limited Clinical Effectiveness/Interventions Not Normally Undertaken.
- Production of a comprehensive Sexual Health Services Health Needs Assessment to inform Health Board wide Sexual Health Services Strategy.

# Other key achievements (6)

## Strategy and Planning

### Regional Cancer Care Developments:

- Advancing key projects at the South-West Wales Cancer Centre, including the installation of a new CT-SIM and Linear Accelerator (LINAC), to improve regional cancer care provision.
- Actively managing ITU bed day utilisation at both Swansea bay and Cardiff & Vale Health Boards, ensuring optimal resource use and cost control through clear understanding of the activity drivers.

### Progress on Commissioning via Long-Term Agreements (LTA)

- Shifting focus from traditional commissioning activities to enhance financial oversight and control, involving detailed scrutiny of cost allocations and proactive contract challenges across various service lines, ensuring costs are appropriate and transparent and align with Health Board financial goals.
- Conducted comprehensive due diligence on LTAs, with a focus on identifying and addressing anomalies in the cost structures of high-value services such as neurology and vascular surgery within the Swansea Bay UHB LTA and SLA
- Maintained rigorous oversight and active management across agreements to ensure alignment with organisational financial goals and improve overall grip and control on expenditures.

## Workforce and Organisational Development

- Supported recruitment of nine Bevan Exemplar projects, the highest across Wales.
- Established a new robust selection process for all leadership posts at Band 8c and above as part of our approach to improving leadership capability, part of the criteria for de-escalation from Targeted Intervention.
- Driving forward inclusion projects to improve patient experience. We achieved the NHS Wales Award for Equitable Care for work undertaken in the Outpatients Department for patients with sensory loss.
- Work ongoing to ensure the early identification of unpaid carers and support them to access the help and support that they need to continue in their caring role, which impacts on timely hospital discharge and continued care within the community.
- Intersectional analysis of the workforce equality data to shine a light on any areas where there is potential for discrimination and to implement actions to address this.
- Review of our local policy framework using the disrupted approach has led to over 75% of policies now being five pages or less.
- The Future Workforce Team have been shortlisted for the Careers Wales Valued Partner Award, recognising HDdUHB support 100% of secondary schools within the Health Board area.



# Learning from the DITS process

## **Process communications**

At the start of each DITS meeting, the Executive Director chairing the meeting flagged with attendees this was a DITS rather than an escalation meeting and the differences between the two. In hindsight it would have been helpful if this had been included in the communications to directorates informing them of the upcoming DITS meetings. This will be addressed by the Performance Team for the next set of meetings scheduled to take place in June 2025.

## **Sharing good practice**

There were many positive examples shared at the DITS meetings which could be of benefit to other directorates. A spread and scale process should be investigated to help communicate good practice and achievements across the Health Board so that we can learn from each other.

## **Support gaps**

Many directorates asked for corporate support in areas such as project management, analysis, digital systems. Where support and capacity could be identified by Executive Directors, support was allocated. However, there were instances where capacity was not identified. Having a skills register for corporate staff, with a summary of time that could be made available to support operational teams could potentially help fill some of the gaps moving forward and therefore could be investigated.

## **New Care Groups**

The Operations directorate are currently going through a restructure, which is bringing in new Care Groups. The DITS schedule and groupings for June 2025 will need to be revised to match the new organisation structure.

## **Quality metrics for corporate directorates**

The metrics used for the quality and safety section of the agenda were not all applicable to corporate directorates. The Nursing, Quality & Patient Experience directorate are going to investigate what other metrics could be used for the next round of DITS meetings (June 2025).

# Directorate Improving Together Sessions

## Ways of working

# Improving Together Framework & Directorate Improving Together Sessions

Our **Improving Together Framework** sets out the health board's approach to embedding performance improvement discussions to agree and progress key improvement actions. The Improving Together Framework outlines performance improvement arrangements at each level in the organisation.

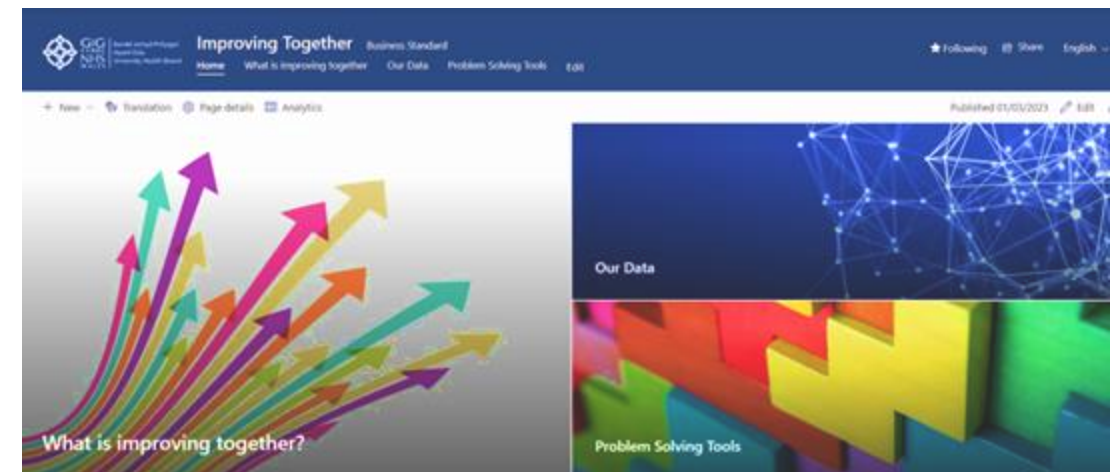
At the most strategic level, the Board Assurance Framework (BAF) and Integrated Performance Assurance Report (IPAR) provide Board, Committees and the Executive Team with data and evidence to help us understand whether we are achieving and working towards the ministerial and local ambitions.

At the directorate level, we hold **Directorate Improving Together Sessions (DITS)** to ensure that we are aligning support to key priorities within the health board with the ultimate aim of improving outcomes for our patients, staff, visitors and those living within Hywel Dda. The sessions provide dedicated time for teams to meet with their Executive Director and Corporate Executive Directors to:

- Outline the priorities/goals for the year, in line with the annual plan.
- Outline current challenges and support required.
- Flag data insights (highlights or lowlights) for the health board's key performance measures. See [Key measures and targets](#) for further details

The Improving Together SharePoint site provides easy access to the framework, dashboards and improvement tools.

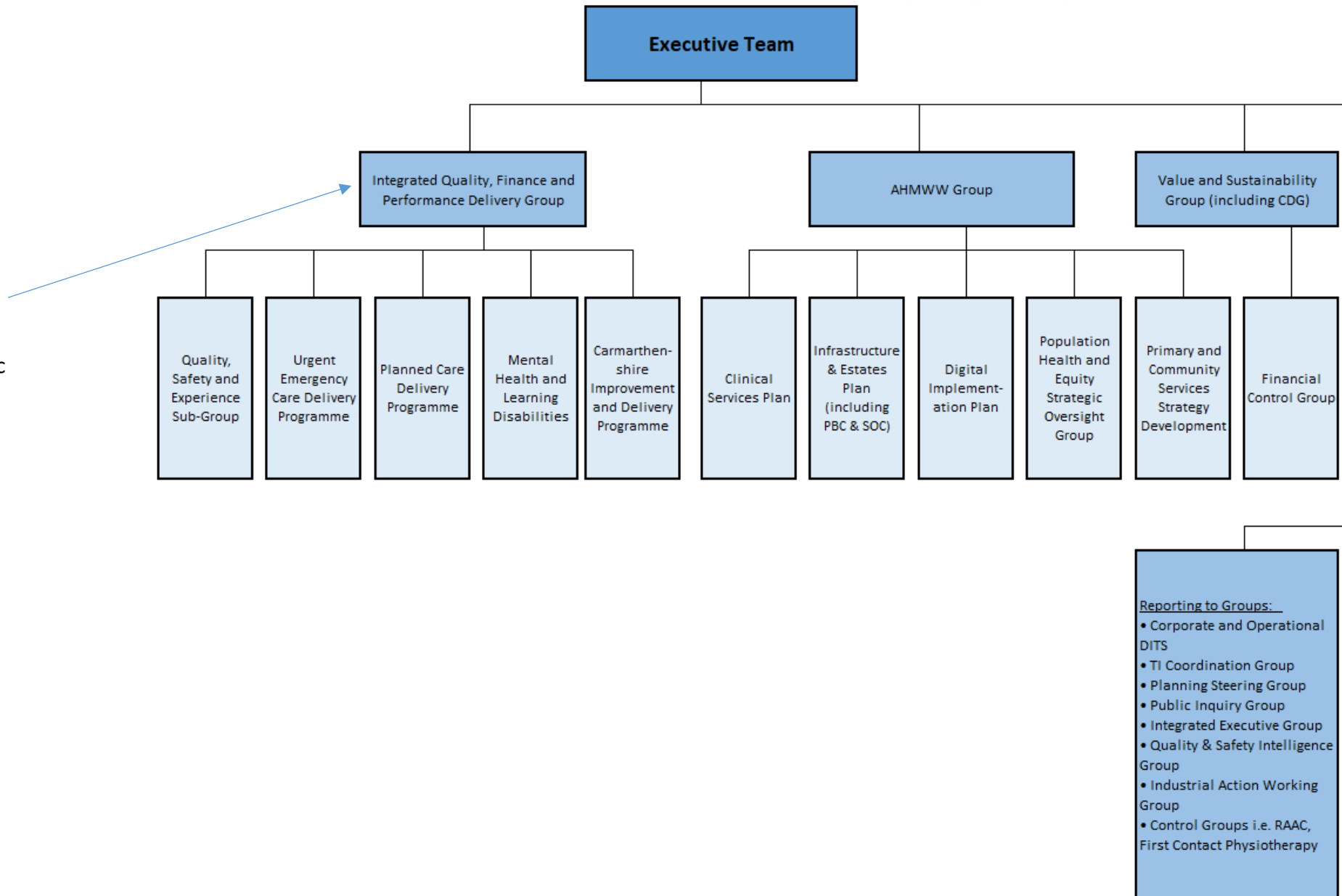
[https://nhs.wales365.sharepoint.com/sites/HDD\\_Improving\\_Quality](https://nhs.wales365.sharepoint.com/sites/HDD_Improving_Quality)



# Governance

The organogram shows the health board's governance arrangements feeding into Executive Team.

DITS reports into the Integrated Quality, Finance and Performance Delivery Group (IQFPDG). Twice a year (June and November), the Performance Team will produce a thematic report for IQFPDG that summarises the key issues, actions and requests for support resulting from the DITS meetings.



# Membership

## Executive Team

Each executive is responsible for delivering their performance targets within their respective directorates. They will also chair their own Directorate Improving Together Session(s). These sessions will be supported by the Executives listed below. There is an open invitation to all other Executives who would wish to attend as appropriate.

- Director of Operations (The Director of Operations will also chair all of the operational sessions)
- Director of Finance (Executive lead for Performance and Digital)
- Director of Nursing, Quality and Patient Experience
- Director of Workforce and OD
- Medical Director/Deputy CEO
- Director of Strategy and Planning
- Director of Corporate Governance/Board Secretary

## Directorate leads

Senior managers and clinical leads (where relevant) will be required to attend their sessions.

## Corporate teams

- The sessions will be supported by the Finance Business Partners.
- The Performance Team will have oversight of the DITS schedule, co-ordinate and prepare the meeting packs and attend sessions to take the action notes.
- The Executive Director of Operations PA and the Finance Director's PA (or nominated deputy) support with the meeting logistics. This can include, but not limited to; room bookings, adding MS Teams link to the meeting invite if required, providing 3 hard copies of the meeting packs, providing a hard copy of the attendance list, setting up the meeting room in person and ensuring communication links between physical and virtual attendees.

## Meeting attendance

- A minimum attendance shall consist of no less than three of the Directors identified in the membership section, or their deputies.
- Should any member be unavailable to attend, they will be asked to nominate a deputy to attend in their place.
- Any other additional attendees will need to get agreement from the Chair prior to the meeting.

## Frequency & location of meetings

- Meetings shall be held twice per year for each Directorate, in June and November.
- The meetings will be held in Carmarthen.
- The Performance team will schedule the meetings with the support of the Director of Finance's PA and the Director of Operations' PA
- Meetings will be in person, unless agreed by the Chair.
- Papers for the Directorate Improving Together Sessions will be published in the relevant directorate channel on the ['HDD Improving Together Sessions' Microsoft Team](#).
- We will aim for all sessions to start no earlier than 9am and conclude no later than 5pm. We will also ensure that there are sufficient breaks throughout the day.
- Meetings will be recorded to assist with the generation of meeting notes.

### DITS meetings will be held for the following directorates:

#### Operations

- Carmarthenshire System
- Ceredigion System
- Pembrokeshire System
- Planned Care
- Primary Care and Medicines Management
- Mental Health and Learning Disabilities
- Cancer and Oncology
- Women and Children
- Cardiology, Radiology and Pathology
- Therapies
- Facilities
- Central Operations

#### Corporate

- Nursing, Quality and Patient Experience
- Finance, Digital and Performance
- Medical
- Strategic Planning and Transformation
- Governance and Communications
- Public Health
- Workforce and Organisational Development

# Compassionate leadership

*By adopting compassionate leadership, leaders can create a more humane and effective workplace where employees feel valued, supported, and motivated to contribute their best.*

## Core principles

### Presence and attentiveness

Be fully present and attentive when interacting with team members. Listen actively to understand their perspectives, concerns, and needs.

### Empathy and insight

Strive to understand the experiences, emotions, and challenges faced by team members. This involves putting oneself in their shoes and appreciating their viewpoints.

### Emotional connection

Connect emotionally with team members, showing genuine care and concern for their well-being. This helps build trust and strengthens relationships.

### Support and assistance

Actively help team members by providing the necessary resources, support, and encouragement. This includes removing obstacles that hinder their performance and growth.

## Implement

- **Create a supportive environment:** Foster a culture of support, where team members feel valued and understood. Encourage open communication and psychological safety, allowing staff to express concerns without fear of judgment.
- **Develop a shared vision:** Collaborate with team members to create a shared vision and common goals. Ensure that the vision aligns with the values and mission of the organisation.
- **Empower and develop others:** Provide opportunities for professional growth and development. Empower team members by delegating responsibilities and encouraging autonomy.
- **Promote collaboration and teamwork:** Encourage teamwork and collaboration across different departments and levels. Facilitate cross-functional projects and initiatives to build a sense of unity and collective purpose.
- **Recognise and appreciate contributions:** Regularly acknowledge and celebrate individual and team achievements. Show appreciation for the hard work and dedication of team members.
- **Balance compassion with accountability:** Maintain high standards and accountability while being compassionate and understanding. Address performance issues constructively, focusing on solutions and improvement rather than blame.

## Benefits

### Enhanced well-being

Improves the overall well-being and job satisfaction of employees.

### Increased engagement

Boosts employee engagement, motivation, and commitment to the organisation.

### Better performance

Leads to higher levels of performance and productivity.

### Stronger relationships

Fosters stronger, more trusting relationships between leaders and team members.

### Positive culture

Cultivates a positive and supportive organisational culture that attracts and retains talent.

# Directorate improving together sessions

## Agendas and papers

- The packs for the Directorate Improving Together Sessions will be co-ordinated by the Performance Team.
- The packs will outline any hotspots or concern. The data for this report will be gathered from a range of sources which includes but isn't limited to the [Our Performance dashboard](#), [Our Safety dashboard](#), Quality & Safety, Governance, Workforce, Finance and Planning.
- Packs will be sent to the relevant teams to prepare a response pack 8 working days in advance of the session.
- The completed response pack will be issued to all attendees 3 working days prior to their session.

## Actions

- The sessions will be recorded to help provide the narrative to the actions
- The draft actions will be circulated to members to check the accuracy within 15 working days of the meeting. The action log will be populated and monitored by the Performance Team.
- Actions from the sessions will be circulated to directorates, in order for directorate management meetings to progress actions and maintain a pace in between the Directorate Improving Together sessions.

## Reporting

- The Chair will assign one of the 3A assessments below for each area of the meeting:
  - Assure (to note)
  - Advise (to monitor)
  - Alert (may require discussion)
- The Performance team will generate a summary of the 3As assessment for each Directorate, which will be submitted to the Integrated Quality, Financial Performance and Delivery Group (IQFPDG).

## Format & meeting improvements

- Requests for process, content or scheduling improvements to be discussed by IQFPD and agreed changes will be communicated to the Performance Team to implement.

## Key focus areas

The Directorate Improving Together Sessions agenda will be structured around the 6 domains of our internal escalation framework. Directorates will be tracked against key improvement areas for each of these domains, including the key goals identified in our [Annual Plan 2024-25](#) (see Annex 1). A summary of the key focus areas for each domain is included below:

Quality & Safety	Governance	Workforce	Finance & Planning	Fragile Services	Performance
<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Incidents</li> <li>2. Complaints</li> <li>3. Medical Examiner</li> <li>4. Duty of Candour</li> <li>5. HIW/CIW</li> <li>6. Quality and Equality Impact assessments (where applicable).</li> </ol>	<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Risks</li> <li>2. Audits/inspections/ WHCs/Ministerial Directions</li> <li>3. Board/Committee actions</li> <li>4. FoI and corporate correspondence</li> <li>5. Policies (where applicable)</li> </ol>	<p>Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> <li>1. Bullying and harassment, difficult working relationships or complaints</li> <li>2. Sickness</li> <li>3. PADRs</li> <li>4. Turnover</li> <li>5. Mandatory training</li> <li>6. Career development</li> <li>7. Rosters &amp; job plans (includes agency use)</li> </ol>	<p>Assurance the directorate will:</p> <ol style="list-style-type: none"> <li>1. Operate within budget or deliver a recovery plan which will return to budget in year.</li> <li>2. Identify and delivery recurrent savings to the level required.</li> <li>3. Has a triangulated plan to operate services effectively for the year.</li> </ol>	<p>Assurance the directorate will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Assurance the directorate will meet improvement trajectories to achieve target performance.</p>

Useful links:

[Our Performance dashboard](#)

[Our Safety dashboard](#)

[Corporate team contacts list](#)